

**COMPLAINT -  
FAIR RENT PROCEEDINGS**

JD-HM-44 New 8-24  
C.G.S. §§ 7-148, 47a-23c, 47a-68

For information on ADA accommodations, contact the Centralized ADA Office at 860-706-5310 or go to: [www.jud.ct.gov/ADA/](http://www.jud.ct.gov/ADA/)

STATE OF CONNECTICUT  
JUDICIAL BRANCH  
**SUPERIOR COURT**  
[www.jud.ct.gov](http://www.jud.ct.gov)



**Instructions to Clerk:**

- 1. This form shall be used only when plaintiff's/tenant's town, city, or borough does not have a fair rent commission.
- 2. Use this form with the Summons - Fair Rent Proceedings (form JD-HM-43).

**Complaint**

- 1. The plaintiff is a resident of:  
 A building or complex with at least five dwelling units or  
 A mobile manufactured home park.
- 2. The full address of the premises occupied by the plaintiff is: \_\_\_\_\_
- 3. How long have you lived at this address? \_\_\_\_\_
- 4. Is your rent paid up to date?  Yes  No
- 5. The defendant is the landlord of the premises.
- 6. The premises are in a municipality without a fair rent commission.
- 7. The plaintiff is a protected tenant under C.G.S. § 47a-23c because they (select one or more):  
A "family member" must be a spouse, sibling, child, parent, or grandparent of the tenant.  
 are at least sixty-two years old.  
 have a physical or mental disability that is expected to last for at least 12 months or results in death.  
 have a family member who is at least sixty-two years old who resides permanently with the tenant.  
 have a family member who has a physical or mental disability that is expected to last for at least 12 months or results in death who resides permanently with the tenant.
- 8. How many people live in the premises? Child(ren) under 18 \_\_\_\_\_ Adults over 62 \_\_\_\_\_ Adults under 62 \_\_\_\_\_
- 9. How many of the adults who live in the premises are employed? \_\_\_\_\_ What is the total income? \_\_\_\_\_
- 10. How many rooms are in the premises?  
Bedroom \_\_\_\_\_ Bathroom \_\_\_\_\_ Living Room \_\_\_\_\_ Dining Room \_\_\_\_\_ Kitchen \_\_\_\_\_ Basement \_\_\_\_\_
- 11. Are repairs needed?  Yes  No If repairs are needed, has the landlord been notified?  Yes  No
- 12. Has the health department inspected the apartment?  Yes  No If so, when? \_\_\_\_\_
- 13. On or around \_\_\_\_\_, the parties entered into an initial  oral  written rental agreement for the term of \_\_\_\_\_
- 14. The amount of rent for the premises is \_\_\_\_\_ and is due on the \_\_\_\_\_
- 15. The defendant has raised or proposed to raise the rent to: \_\_\_\_\_, beginning on (date) \_\_\_\_\_
- 16. The increase or proposed increase in the rent is not fair and equitable.
- 17. Other: (Reasons or facts that explain why you believe the rent increase or proposed increase is not fair and equitable)

**Military Service Affidavit**

The undersigned deposes and says:

- that the defendant(s) is(are) in the military or naval service of the United States.
- that the undersigned is unable to determine whether or not the defendant(s) in this action are in the military or naval service of the United States.
- that no defendant in this action is in the military or naval service of the United States, and that, to the personal knowledge of the undersigned (state facts showing defendant is not in such service) :

The plaintiff requests:

- 1. An order limiting or reducing the amount of rent;
- 2. An order preventing the landlord from retaliating against the tenant or otherwise violating C.G.S. § 47a-20 or 21-80a;
- 3. An award of taxable costs; and
- 4. Such other relief in law or equity as the court may deem proper.

I swear that the above statements are true to the best of my knowledge.

Signed (Plaintiff)	Name of person signing	Date
Subscribed and sworn to before me on (Date)	Signed (Assistant Clerk, Notary, Commissioner of Superior Court)	