

**AFFIDAVIT OF DEBT RE: MOTION FOR DEFAULT FOR FAILURE TO APPEAR, JUDGMENT, AND ORDER FOR WEEKLY PAYMENTS**

JD-CV-52 Rev. 3-24  
P.B. § 17-25

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



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/)

**Instructions**

1. Complete this affidavit and file with your completed Motion for Default for Failure to Appear and Judgment, Request for Order of Weekly Payments, and Notice (form JD-CV-49).
2. Attach a copy of the contract, lease or other document, if applicable, to the completed affidavit.
3. If you are claiming interest, the period covered, the rate claimed, the manner in which it was calculated, and the authority upon which the claim for interest is based must be stated.
4. If you are claiming attorney's fees, a copy of the agreement must be attached.
5. Send one copy of the completed Affidavit and Motion to each defendant.

Return date
Docket number

Court <input type="checkbox"/> Judicial District <input type="checkbox"/> Housing Session	Address of Court (Number, street, town, and zip code)
Name of case (Plaintiff v. Defendant)	

Name(s) of (all) Defendant(s) against whom motion is filed

I, the person signing below, say under oath that I am the  Plaintiff or  (title) \_\_\_\_\_ of the Plaintiff and am familiar with the facts stated below. In this case, the Defendant(s) is/are in debt to the Plaintiff(s) as follows:

Continuation of this affidavit of debt is attached and made a part hereof.

Being duly sworn, I state that to the best of my information and belief, there is good ground to support the claims in this affidavit and that the information is true. I also state that any documents attached to this affidavit are true copies of the original.

Signed (Affiant)	Print name of Affiant
Subscribed and sworn to before me:	Signed (Clerk/Commissioner of Superior Court/Notary) _____ Date signed _____