

**SUMMARY PROCESS (EVICTION)  
ANSWER TO COMPLAINT**

JD-HM-5 Rev. 1-26  
C.G.S. §§ 47a-4a, 47a-5, 47a-7, 47a-15, 47a-20,  
47a-20e, 47a-23c, 47a-33, 47a-33a, 47a-57, 49-31p

*This form is available in  
other language(s).*

COURT USE ONLY

ANSWER      ASD

STATE OF CONNECTICUT  
JUDICIAL BRANCH  
**SUPERIOR COURT**  
www.jud.ct.gov



Name of case

Docket number

**Part 1 - Your responses to the paragraphs in your landlord's complaint**

- |                                   |                                   |                                      |                                   |                                   |                                      |
|-----------------------------------|-----------------------------------|--------------------------------------|-----------------------------------|-----------------------------------|--------------------------------------|
| 1. Agree <input type="checkbox"/> | Disagree <input type="checkbox"/> | Do Not Know <input type="checkbox"/> | 5. Agree <input type="checkbox"/> | Disagree <input type="checkbox"/> | Do Not Know <input type="checkbox"/> |
| 2. Agree <input type="checkbox"/> | Disagree <input type="checkbox"/> | Do Not Know <input type="checkbox"/> | 6. Agree <input type="checkbox"/> | Disagree <input type="checkbox"/> | Do Not Know <input type="checkbox"/> |
| 3. Agree <input type="checkbox"/> | Disagree <input type="checkbox"/> | Do Not Know <input type="checkbox"/> | 7. Agree <input type="checkbox"/> | Disagree <input type="checkbox"/> | Do Not Know <input type="checkbox"/> |
| 4. Agree <input type="checkbox"/> | Disagree <input type="checkbox"/> | Do Not Know <input type="checkbox"/> | 8. Agree <input type="checkbox"/> | Disagree <input type="checkbox"/> | Do Not Know <input type="checkbox"/> |

**Part 2 - Your defense(s) to being Evicted** *(Give all information requested. Attach additional sheets, if necessary)*

- a.  All rent has been paid to my landlord.
- b.  Rent was offered to my landlord on *(date)*: \_\_\_\_\_ which was before I received the Notice to Quit.
- c.  The landlord accepted rent or otherwise waived the Notice to Quit after I received it.
- d.  No rent is due under Connecticut law because of the housing or health code violations listed below:
- e.  I notified  my landlord,  Housing Code,  the Health Department, and/or  the Building Department of the violations listed in section d, above, on *(date)*: \_\_\_\_\_
- f.  This eviction is being brought because I contacted  my landlord and/or  public officials or agencies to complain about my apartment.
- g.  I filed a rent increase complaint with the Fair Rent Commission on *(date)*: \_\_\_\_\_
- h.  I live in a building or complex with 5 units or more or in a mobile manufactured home park **and**
- I have a physical or mental disability, **or**
  - I am 62 years old or older, **or**
  - my spouse, sibling, parent, or grandparent is 62 years old or older and permanently lives with me, **or**
  - my spouse, sibling, child, parent, or grandparent has a physical or mental disability, permanently lives with me, and this person's disability is expected to result in death, or last continuously for 12 or more months.
- i.  This eviction was brought after a foreclosure action, **and**
- I have a written lease that is still in effect, **or**
  - I never received a 90 day letter *(notice)* before the notice to quit was delivered *(served)*.
- j.  I fixed the issue(s) listed in my pre-termination notice.
- k.  **Additional reasons why I should not be evicted**

**Certification**

I certify that a copy of this document was or will immediately be mailed or delivered electronically or non-electronically on *(date)* \_\_\_\_\_ to all counsel and self-represented parties of record and that written consent for electronic delivery was received from all counsel exempt from e-filing and self-represented parties of record who received or will immediately be receiving electronic delivery.

Name and address of each party and attorney that copy was or will be mailed or delivered to\*

*\*If necessary, attach additional sheet or sheets with name and address which the copy was or will be mailed or delivered to.*

Signed <i>(Signature of filer)</i> ▶	Print or type name of person signing	Date signed
Mailing address <i>(Number, street, town, state and zip code)</i>		Telephone number

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