

**ANSWER TO COMPLAINT
CIVIL CASES ONLY**

JD-CV-106 Rev. 5-14

STATE OF CONNECTICUT
SUPERIOR COURT
www.jud.ct.gov

Return date

Docket number

Name of case *(Full name of Plaintiff v. Full name of Defendant)*

<input type="checkbox"/> Judicial District	<input type="checkbox"/> Housing Session	Geographical Area Number _____ at: _____	Address of Court <i>(Number, street, town and zip code)</i>
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AnswerIn response to **each** paragraph of the Complaint, please **"X"** whether you **agree, disagree or do not know**.

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

Special Defenses* *(Facts that show the court that the plaintiff has no legal right to what the plaintiff has requested in this case. In your case, you must show the court evidence to prove these facts.)*

*If you need more space, continue on another sheet or sheets of paper and attach them to this Answer.

Defendant's Certifications

I certify that this answer is true to the best of my knowledge.

Signed *(Defendant's signature)*

Date signed

I also certify that a copy of this document was mailed or delivered electronically or non-electronically on *(date)* _____ to all attorneys and self-represented parties of record and that written consent for electronic delivery was received from all attorneys and self-represented parties receiving electronic delivery.

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

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

Signed *(Individual attorney or self-represented party)*

Print or type name of person signing



Mailing address

Telephone number

For Court Use Only

File Date

The Judicial Branch of the State of Connecticut complies with the Americans with Disabilities Act (ADA). If you need a reasonable accommodation in accordance with the ADA, contact a court clerk or an ADA contact person listed at www.jud.ct.gov/ADA.