

**ENTRY AND DETAINER PROCEEDINGS  
SUMMONS AND ORDER TO SHOW CAUSE**JD-HM-23 Rev. 4-19  
C.G.S. § 47a-43**STATE OF CONNECTICUT  
SUPERIOR COURT**

www.jud.ct.gov

**Instructions to Clerk**

1. Use this form in conjunction with JD-HM-24.
2. In the "Summons" section of this form, print the date and time the defendant is to appear to answer the complaint. This should not be more than eight nor less than six days from the date that the summons is signed by the judge.

<input type="checkbox"/> Judicial District	<input type="checkbox"/> Housing Session	At (Address of court)
Name(s) and current address of plaintiff(s)		Telephone number
Name(s) and current address of additional plaintiff(s)		Telephone number
Name and address of defendant		
Name and address of agent for service (if any)		

**Summons**

To: Any proper officer

By authority of the State of Connecticut, you are hereby commanded to summon the above-named defendant(s) to appear before the Superior Court **at the above address on the date and at the time and courtroom specified below**, to answer the attached complaint, by serving the defendant a true and attested copy of the same at least six days inclusive before the day of the hearing and make return of service to the court.

<b>Date, time, and courtroom to which defendant is summoned to appear</b>		Date	Time	Courtroom
Dated at (Town)	On (Date)	Signed (Judge of the Superior Court)		

**Order to Show Cause**

The plaintiff(s') verified lockout complaint and application for temporary injunction was shown to the court. After review of the application, it is **ordered** that the defendant named above be summoned to the Superior Court named above **at the above address on the date and at the time specified in the above summons**, to show why a temporary injunction should not  be issued (allowed)  be continued, as requested in the attached complaint.

Dated at (Town)	On (Date)	Signed (Judge of the Superior Court)	
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**For the plaintiff(s) enter the appearance of:**

Name and address of attorney, law firm or plaintiff if self-represented (Number, street, town and zip code)	Telephone number	Juris Number (if attorney or law firm)
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The attorney or law firm appearing for the plaintiff, or the plaintiff if self-represented, agrees to accept papers (service) electronically in this case under Section 10-13 of the Connecticut Practice Book.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Signature of plaintiff (if self-represented)
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E-mail address for delivery of papers under Section 10-13 (if agreed to)

**Return of Service**

Name of defendant			Date of service		
In accordance with the Summons, I left with and in the hands of/at the usual place of abode of the above-named defendant(s) a true and attested copy of the verified complaint, and summons and order to show cause.					
Fees	Copy	Endorsement	Service	Travel	Total
Attest (Name and title)					

**ADA NOTICE**

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](http://www.jud.ct.gov/ADA).