

**ANSWER TO COMPLAINT
CIVIL CASES ONLY**

JD-CV-106 Rev. 6-11

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)

Judicial District Housing Session Geographical Area Number _____ at: _____

Address of Court (Number, street, town and zip code)

Answer

In 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

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 to all attorneys and self-represented parties of record on (date) _____ 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	Date signed	For Court Use Only File Date
Mailing address	Telephone number		

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.