

**WITHDRAWAL
SMALL CLAIMS AND
HOUSING MATTERS**

JD-CV-70 Rev. 7-12

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

Docket number
Return date
Answer date

Name of case (First-named Plaintiff vs. first-named Defendant)

Judicial District at: _____ Housing Session at: _____ Geographical Area number _____ Small Claims at: _____

or at:
Centralized Small Claims
80 Washington Street
Hartford, CT 06106
Fax number: 860-756-7805

("X" All that apply)

- The Plaintiff's action is **withdrawn against all defendants** and no costs will be paid to any party.
- The Plaintiff's action is **withdrawn against defendant(s)** _____ **only**,
and no costs will be paid.

The:

- Complaint
- Counterclaim
- Cross complaint
- _____

in this action is **withdrawn**.

Signature Required	Signed (Plaintiff/Plaintiff's attorney)
	Signed (Defendant/Defendant's attorney)

Name, address and telephone number of person signing above

Certification

I 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 (Signature of filer)	Print or type name of person signing	Date signed
Mailing address (Number, street, town, state and zip code)		Telephone number

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