DEFENDANT'S AFFIDAVIT AND OBJECTION TO EXECUTION
JD-HM-26 Rev. 1-26
P.B. § 17-53

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

☐ Judicial District of: _____ ☐ Housing Session at: _____ | Docket Number

Address of court

Name(s) of plaintiff(s) (landlord(s))	Name(s) of defendant(s) (tenant(s))

I am *(Select the box that applies)* ☐ the defendant or ☐ the defendant's attorney in this case and:

1. I am more than 18 years old.
2. I object to a summary process execution being issued in this case for the following reason(s): *(Select all that apply)*

☐ A. The ☐ use and occupancy ☐ arrearage payment of $ _____ was made on or before _____.

☐ B. The ☐ use and occupancy ☐ arrearage payment of $ _____ was offered on _____ and was refused.

☐ C. The landlord has not done the things agreed to in the stipulation, or ordered to do by the court *(please explain)*:

☐ D. *(Select the boxes that apply: "I" if you are the defendant or "The defendant" if you are the defendant's attorney.)* ☐ I ☐ The defendant was prevented from doing what ☐ I ☐ The defendant agreed to in the stipulation *(please explain)*:

☐ E. Other *(please explain)*:

3. I request a court hearing in this matter.

Signed *(Defendant/Defendant's attorney)*	Subscribed and sworn to before me on *(Date)*	Signed *(Clerk/Assistant Clerk, Comm. of the Superior Court, Notary Public)*

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 *(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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