

**DEFENDANT'S AFFIDAVIT AND OBJECTION TO EXECUTION**

JD-HM-26 Rev. 4-19  
P.B. § 17-53

**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).

**STATE OF CONNECTICUT  
SUPERIOR COURT**  
[www.jud.ct.gov](http://www.jud.ct.gov)



<input type="checkbox"/> Judicial District of: _____	<input type="checkbox"/> Housing Session at: _____	Docket Number _____
Address of court _____		

Name(s) of plaintiff(s) (landlord(s)) _____	Name(s) of defendant(s) (tenant(s)) _____
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I am ("**x**" 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): ("**x**" 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. ("**x**" 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 ( <i>Defendant/Defendant's attorney</i> ) _____	Subscribed and sworn to before me on ( <i>Date</i> ) _____	Signed ( <i>Clerk/Assistant Clerk, Comm. of the Superior Court, Notary Public</i> ) _____
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**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 attorneys and self-represented parties of record and that written consent for electronic delivery was received from all attorneys 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 ( <i>Signature of filer/Connecticut Attorney</i> ) _____	Print or type name of person signing _____	Date signed _____
Mailing address ( <i>Number, street, town, state and zip code</i> ) _____		Telephone number _____