

How to Fill Out this Form

Use this guide to help you fill out the form correctly. The highlighted areas in color on the form are explained in the sections with the same color below. There are more instructions on the back of the Small Claims Writ and Notice of Suit form, too.

Lines 2 & 3

- If the case is a housing matter, make sure that you check the box on line 2 and name the town where the property is on line 3.

Line 4

- Put your name and address here.

Line 6

- Do not list yourself as the defendant.

Line 7

- Fill out this line only if your claim is a consumer debt.

Line 8

- You must check at least one box and fill in the date.

Line 9

- You must put in the amount of money you are suing for.

Line 10

- You must explain why the person you are suing owes you money.

Line 11

- You must sign this form when you are with a Notary Public, Clerk or Commissioner of Superior Court.

SMALL CLAIMS WRIT AND NOTICE OF SUIT

JD-CV-40 Rev. 8-11
C.G.S. §§ 51-15, 51-345(g)

CONNECTICUT SUPERIOR COURT SMALL CLAIMS SESSION

For Court Use Only
Do Not Write In This Space
Barcode Label Only

Type or print legibly. This Writ and Notice of Suit must be served on (delivered to) the defendant(s) before filing it with the court. See Instructions to Plaintiff on reverse.

1.) Information that will determine where the trial will be _____

2.) Is this a claim between a landlord and a renter? ("X" one) Yes No

3.) If you answered "yes" to question #2 above, state the town where the rental premises is located: _____

P L T F # 1	4.) Name, address and zip code of Plaintiff #1	P L T F # 2	Name, address and zip code of Plaintiff #2
	Telephone number (w/area code) (*"X" One) <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/> DBA <input type="checkbox"/> Corporation		Telephone number (w/area code) (*"X" One) <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/> DBA <input type="checkbox"/> Corporation

5.) Name, address and zip code of Attorney for Plaintiff(s) _____ Attorney's Juris number _____ Telephone number (w/area code) _____

D E F # 1	6.) Name, address and zip code of Defendant #1	D E F # 2	Name, address and zip code of Defendant #2
	Telephone number (w/area code) (*"X" One) <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/> DBA <input type="checkbox"/> Corporation		Telephone number (w/area code) (*"X" One) <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/> DBA <input type="checkbox"/> Corporation

For more than 2 defendants, attach *Continuation of Parties*, Form JD-CV-67, and "X" box.

7.) If this claim is a consumer debt (a debt or obligation made primarily for personal, family or household reasons), give the reasons why you believe that the statute of limitations has not expired. _____

8.) How did you check in the last 6 months that the address given for defendant(s) is accurate? "X" all boxes that apply and provide the dates that the address was checked.

1) I checked town or city records (for example, checking a street list or tax records); _____ (date checked) _____

2) I checked with the Department of Motor Vehicles; _____ (date checked) _____

3) I received correspondence (letters or other mail) from the defendant with that return address; _____ (date checked) _____

4) I received other proof from the defendant that the address is current; _____ (description of proof and date checked) _____

5) I mailed by first class mail, at least 4 weeks before this small claims action was filed, a letter to the defendant at the address used and the letter has not been returned to me by the United States Postal Service. _____ (date checked) _____

9.) Amount claimed _____ Plus costs _____

10.) You are being sued. The Plaintiff(s) claims you owe the above amount for the following reasons: _____

The person signing below, being duly sworn, states that he or she has read the claim above and the information contained in this form and, to the best of his or her knowledge, information and belief, there is good ground to support the claim and the information is true.

11.) Signed _____	Type in name of person signing at left and title, if applicable _____	For Court Use Only (Date/Stamp)
Subscribed and sworn to before me on (Date) _____	Signed (Clerk, Notary, Commissioner of Superior Court) _____	

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/.

Statement of Service/Delivery

Use this guide to help you fill out the form correctly. The highlighted areas in color on the form are explained in the sections with the same color below.

Defendant's Name

- You must put in the name of the defendant that the writ was delivered to (or the writ was served on). If you are suing more than one person, you must fill out one of these forms for each person you are serving.

Delivery Method

- You must check one box and put in the amount you paid for delivery. If the box asks for it, you must attach the proof of delivery (either a delivery confirmation or a return receipt).

Signed

- You must sign this form, put in the date you signed it, and type or print your name.

STATEMENT OF SERVICE — (DELIVERY) SMALL CLAIMS

JD-CV-123 New 1-11

Instructions

Fill out 1 form for each defendant. Attach all documents that show how the Small Claims Writ and Notice of Suit and related documents were served on (delivered to) the defendant, and check the box below that applies. Keep all receipts that show how much you paid to have the Small Claims Writ and Notice of Suit and related documents served on (delivered to) the defendant.

For service on (delivery to) the Defendant:

(Write name of Defendant)

The attached Small Claims Writ and Notice of Suit with related documents, if any, were served on (delivered to) the defendant named above by:

(Check the box that applies)

- priority mail with delivery confirmation; delivery confirmation is attached. I paid \$ [] for this, or
- certified mail, return receipt requested; signed return receipt is attached. I paid \$ [] for this, or
- a nationally recognized courier service providing delivery confirmation; tracking information showing delivery is attached. I paid \$ [] for this, or
- a proper officer in the manner in which a writ of summons is served in a civil action; officer's return of service filed with the court.

Signature of Plaintiff or Plaintiff's Representative

(Check one)

Plaintiff Plaintiff's representative

Type or print name of signer	Date

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