| ANSWER TO COMPLAINT | STATE OF CONNECTICUT | Return date |
|--|---|---|
| JD-CV-106 Rev. 5-14 | SUPERIOR COURT www.jud.ct.gov | Docket number |
| | | CN 196016994 |
| Name of case (Fill name of Plaintiff v. Full name of Defendant) Name of case (Fill name of Plaintiff v. Full name of Defendant) Name of case (Fill name of Plaintiff v. Full name of Defendant) Name of case (Fill name of Plaintiff v. Full name of Defendant) | | |
| Judicial Housing Geographical District Session Number at: | Address of Court (Number, str | |
| Answer | | • |
| In response to each paragraph of the Complaint, | please "X" whether you agree, disagree or | do not know. |
| 1. 🕅 Agree 🔲 Disagree 🔲 Do Not I | Know 5. Agree Disa | agree Do Not Know |
| 2. 📈 Agree 🗌 Disagree 📗 Do Not I | Know 6. Agree Disa | agree Do Not Know |
| 3. 🗌 Agree 💹 Disagree 🔲 Do Not I | Know 7. Agree Disa | agree 🔲 Do Not Know |
| 4. Agree Disagree Do Not l | Know 8. 🗌 Agree 🔲 Disa | agree 🔲 Do Not Know |
| Special Defenses* (Facts that show the court that the plaintiff has no legal right to what the plaintiff has requested in this case. In | | |
| your case, you must show the court evidence to prove these facts.) Leute muchine to move (SUG) material layer to have | | |
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| *If you need more space, continue on another sheet or sheets of paper and attach them to this Answer. | | |
| Defendant's Certifications | | |
| I certify that this answer is true to the best of my | | THOTE THE |
| Signed (Detendant's signature) | | Date signed 1 5 N |
| I Any fr | | nically on (date) 5/20/19 to all |
| I also certify that a copy of this document was ma attorneys and self-represented parties of records | and that written consent for electronic delivery | y was received from all attorneys and self- |
| represented parties receiving electronic delivery. Name and address of each party and attorney that cop | ,,, | 0- BOV 550/ |
| Name and address of each party and attorney that copy was mailed or delivered to Muncle Brown law Esq St Ough & Brown law O6760 | | |
| *If necessary attach additional sheet or sheets with nar | ne and address which the copy was mailed or deliv | vered to. For Court Use Only |
| Signed (this right) attorney or self-represented party) | Print of type name of person signing | File Date |
| Mailing address | Telepho | ne number 128 4860 |
| 42 Och Menstret | 8609 BOOS | 120 7000 |
| 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 | | |

Return date