SUMMONS - CIVIL

JD-CV-1 Rev. 2-22 C.G.S. §§ 51-346, 51-347, 51-349, 51-350, 52-45a, 52-48, 52-259; P.B. §§ 3-1 through 3-21, 8-1, 10-13 For information on ADA accommodations, contact a court clerk or go to: www.jud.ct.gov/ADA.



	4.5			^
Instru	ıctıons	are on	page	Z.

summons or complaint.

I certify I have read and understand the above:

Signed (Self-represented plaintiff)

Select if am	nount, legal interes	t, or prop	erty in demand, not includ	ding intere	st and costs,	is LESS	than \$2,5	500.		
X Select if am	nount, legal interes	t, or prop	erty in demand, not includ	ding intere	st and costs,	is \$2,50	0 or MOR	E.		
Select if cla	iiming other relief i	n addition	to, or in place of, money	or damag	es.					
TO: Any prope	er officer									
•		-	u are hereby commanded	d to make	due and lega	al service	of this su	ımmons and	l attached co	mplaint.
	erk (Number, street, tow		de)		Telephone number of clerk			Return D	Return Date (Must be a Tuesday)	
123 Hoyt Street, Stamford, CT 06905				(203) 965 - 5308			10/22/24			
▼ Judicial District G.A. ☐ Housing Session Number: Stamford			, ,		Case tyl Major			_	e list on page 2, Minor:) 00
-	tiff(s) enter the a									
			f-represented (Number, street, to 755 Main St., Ste. 1700,						firm)	
Telephone number	Scully Malisukila		of plaintiff (if self-represented)	nartioru,	C1 00103			432341		
(860)278 - 7	448	Oignataro (or plantan (n don roprodontod)							
self-represented	, agrees to accept p	apers (se	ntiff, or the plaintiff if rvice) electronically cticut Practice Book.	Yes	Connect	ddress for dicut Practic	e Book <i>(if a</i> g	apers under Se greed)	ction 10-13 of th	ie
Parties	Name (Last, F	irst, Middl	e <i>Initial)</i> and address of ea	ach party (I	Number; stree	et; P.O. Bo	ox; town;	state; zip; co	untry, if not	USA)
First plaintiff			ctors, LLC Road, West Hartford, CT	06117						P-01
Additional plaintiff	Name: Address:									P-02
First	Name: A&G Col	_								D-01
defendant			treet, East Haven, CT 0	6512						
Additional defendant	Name: Project S	-	ւէ, 8th Floor, New Haver	CT 0651	n					D-02
Additional			surance Company	1, 01 000						
defendant	· ·		mmissioner, 153 Marke	t Street, 7	th Floor, Ha	rtford, C	T 06103			D-03
Additional defendant	Name: Address:									D-04
Total number	of plaintiffs:	1	Total number of defen	idants:	3	For	m JD-CV	-2 attached	for additiona	I parties
Notice to e	ach defendar	nt								
1. You are bei	ng sued. This is a	summon	s in a lawsuit. The compl	aint attach	ed states the	e claims t	he plainti	ff is making	against vou.	-
To receive fi it must be fil court on the	urther notices, you ed on or before the Return Date unles	or your a e second ss you rec	ittorney must file an <i>Appe</i> day after the Return Date eive a separate notice te pearance on time, a defau	e <i>arance</i> (fo e. The Ret elling you to	orm JD-CL-12 urn Date is n o appear.	2) with the ot a hear	e clerk at ing date.	the address You do not	above. Ger have to com	nera ll y, e to
			ine at https://jud.ct.gov/w							
your insurar	ice representative.	Other ac	nat may cover the claim b tions you may take are d tps://www.jud.ct.gov/pb.h	escribed in						
5. If you have	questions about the	e summo	ns and complaint, you sh	ould talk to	an attorney	•				
The court s	taff is not allowed	to give	advice on legal matters	-						
Date	Signed (Sign and select proper box) X Commissioner of Superior Court Name of					·	person signing			
9/24/24	Teter ?	مر لـــــ	and J			Clerk	Peter E.	Strniste, J		
	s is signed by a Cle						-	For (Court Use Onl	У
 a. The signing has been done so that the plaintiff(s) will not be denied access to the courts. b. It is the responsibility of the plaintiff(s) to ensure that service is made in the manner provided by law. 										
	•				•	riaed by l	iaw.			
	•	-	ny legal advice in connec request of the plaintiff(s) i		-	v way for	anv			
			y allegations contained ir							

Print Form Page 1 of 2 Reset Form

Date

Docket Number