MOTION TO OPEN JUDGMENT
(SMALL CLAIMS AND HOUSING MATTERS)

JD-CV-51 Rev. 6-19
C.G.S. §§ 52-212, 52-212a, 52-259c
P.B. §§ 17-4, 17-43, 24-31

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

NOTICE: This motion must be filed with the correct fee required by section 52-259c(a) of the Connecticut General Statutes.

Court Use Only	
MTOPJH	SCMTO

(Name and address of plaintiff or plaintiff's attorney)

(Name and address of defendant or defendant's attorney)

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.*

Docket number

☐ Judicial District ☐ Housing Session

Address of Court *(Number, street, town, and zip code)*

Name of case *(Plaintiff vs. Defendant)*

Motion to Open Judgment

I request that the judgment in the case named above be opened because:

NOTE: If this is a motion to open a judgment entered because of a default or nonsuit, the motion must be sworn to by the person filing this motion or that person's attorney.

Signed *(Plaintiff/Defendant or Attorney)*	Date signed
Subscribed and sworn to before me on *(Date)*	Signed *(Clerk, Comm. of Superior Court, Notary Public) See NOTE above*

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 *(Signature of filer/Connecticut Attorney)*	Print or type name of person signing	Date signed
Mailing address *(Number, street, town, state and zip code)*		Telephone number

Notice of Court Hearing

A court hearing on this case has been scheduled. All parties must come to the hearing at the address and time indicated below. If you cannot come to the hearing, you should let the other party know and get an agreement before you notify the court that you cannot come to the hearing. *(If you have any witnesses, please let them know about this court hearing so that they can be in court with you. Bring all other evidence you want to show the court, such as bills, receipts, invoices, etc. If this motion is granted, a trial on the case may start the same day.)*

Place of hearing *(If different from Address of Court above)*	Date of hearing	Time ___.m.	Courtroom
Clerk of Court, by		Date	

Print Form Reset Form