

**AFFIDAVIT OF SERVICE PETITION FOR ORDER  
RE: COMMISSION ON HUMAN RIGHTS AND  
OPPORTUNITIES AND NOTICE OF HEARING**

JD-CV-69 Rev. 12-23  
C.G.S. § 46a-82e(d)

STATE OF CONNECTICUT  
JUDICIAL BRANCH  
**SUPERIOR COURT**  
www.jud.ct.gov



**Instructions to Petitioner**

Complete the Affidavit (the Docket Number is the number assigned by the clerk to your original petition), attach your return receipts and file the Affidavit with the clerk of court no later than five days after service was made.

For information on ADA accommodations, contact the Centralized ADA Office at 860-706-5310 or go to: [www.jud.ct.gov/ADA/](http://www.jud.ct.gov/ADA/)

**AFFIDAVIT OF SERVICE**

**PETITION FOR ORDER RE: COMMISSION ON HUMAN RIGHTS AND OPPORTUNITIES AND NOTICE OF HEARING**

**TO: Superior Court for the Judicial District of Hartford,  
95 Washington Street, Hartford, CT 06106**

Docket number

|   |   |
|---|---|
| Name of petitioner  | Address of petitioner (Number, street, town, zip code)  |
| Name of respondent<br><b>COMMISSION ON HUMAN RIGHTS &amp; OPPORTUNITIES</b> | Address of respondent (Number, street, town, zip code)<br><b>450 COLUMBUS BOULEVARD, HARTFORD, CT 06103</b> |
| CHRO Case name  | CHRO Case number  |

**Affidavit of Service**

I, the undersigned Petitioner in the above referenced Petition for Order RE: Commission on Human Rights and Opportunities and Notice of Hearing, certify that a copy of the Petition and Notice of Hearing in the above referenced matter was served on the date and in the manner noted below for each of the defendants, and that I have attached the return receipts that I have received indicating the delivery of the Petition and Notice of Hearing:

|    | Name of Respondent | Method of Service Certified/Registered | Date of Service | Return Receipt Number |
|----|--------------------|--|-----------------|-----------------------|
| 1. |                    |  |                 |                       |
| 2. |                    |  |                 |                       |
| 3. |                    |  |                 |                       |
| 4. |                    |  |                 |                       |

(If additional Respondents were served, complete a second affidavit)

Dated at \_\_\_\_\_, Connecticut on \_\_\_\_\_  
*Insert town where signed* *Insert date you sign the affidavit of service*

SIGNED \_\_\_\_\_  
*Petitioner/Attorney*

Subscribed and sworn to before me at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
*Commissioner of the Superior Court/Notary Public*

My Commission Expires \_\_\_\_\_