

**MOTION TO OPEN JUDGMENT  
(SMALL CLAIMS AND HOUSING MATTERS)**

JD-CV-51 Rev. 2-22  
C.G.S. §§ 52-212, 52-212a, 52-259c; P.B. §§ 17-4, 17-43, 24-31

For information on ADA accommodations, contact a court clerk or go to: [www.jud.ct.gov/ADA](http://www.jud.ct.gov/ADA).

STATE OF CONNECTICUT  
SUPERIOR COURT  
[www.jud.ct.gov](http://www.jud.ct.gov)



**Instructions:**

If you are asking the court to open a small claims judgment, or a summary process (eviction) judgment, file this form and pay the required fee.

If you are asking the court to open a judgment after default or nonsuit in a summary process (eviction) matter, use form number JD-HM-42.

Court Use Only	
<b>MTOJH</b>	<b>SCMTO</b>

Docket number

<input type="checkbox"/> Judicial District	<input type="checkbox"/> 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:

Signed (Plaintiff/Defendant or Attorney)	Date signed
Subscribed and sworn to before me on (Date)	Signed (Clerk, Commissioner of Superior Court, Notary Public)

**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