JD-HM-7: Notice to Quit Possession

**NOTICE TO QUIT (END) POSSESSION**

JD-HM-7 Rev. 3-12

C.G.S. § 47a-23

**Instructions To Landlord**

1. *Fill out this notice and give it to a state marshal or any proper officer with enough copies for each adult occupant and tenant you want to evict.*
2. *After service (delivery to the tenant(s) and occupant(s)) is made, the original Notice to Quit will be returned to you. If you do not want to include your address on this form, give this information to the marshal or other proper officer on a separate sheet so that the officer can return the original notice to you promptly after making service.*

**To:** Name(s) of renter/tenant(s) and occupant(s)

**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.*](http://www.jud.ct.gov/ADA)

[*www.jud.ct.gov*](http://www.jud.ct.gov/)

Address of premises, including apartment number, if any

# You must quit (end) possession or occupancy of the premises described above and now occupied by you on or

**before for the following reason(s)** *(specify):*

*(Date)*

# If you have not moved out of the premises by the date indicated above, an eviction (summary process case) may be started against you.

|  |  |
| --- | --- |
| Name of landlord *(Print or type)* | Signed *(Landlord/Attorney)* |
| Dated at *(Town)* | On *(Date)* |

Address of landlord *(Submit to proper officer on a separate sheet if desired )*

**Return Of Service** *(To be completed by officer who serves (delivers) this notice)*

|  |  |  |
| --- | --- | --- |
| Name(s) of person(s) served | Address at which service was made | On *(Date of service)* |
| **Fees** |
| Copy |
| Endorsement |
| Then and there I made due and legal service of the foregoing notice by leaving a true and attested copy (copies) with or at the place where each of the tenant(s) and occupant(s) named above usually live. | Service |
| Travel |
| Attest *(Name and title)* | **Total** |

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