

PLAINTIFF'S ATTORNEY INFORMATION:

Name/Bar#/ Address/Phone

Plaintiff(s) Name/Address/Phone

V.

Defendant(s) Name/Address/Phone

CASE NUMBER _____
**ANSWER TO COUNTERCLAIM
CIVIL**

DEFENDANT'S ATTORNEY INFORMATION:

Name/Bar #/ Address/Phone

1. The following named Plaintiff(s) _____
answers Defendant's(s') counterclaim as follows:

2. I admit the following portion(s) of Defendant's(s') counterclaim: _____

3. Defendant(s) is not entitled to judgment on the counterclaim because: _____

4. I am asking the court to deny Defendant's(s') counterclaim. I am also asking for reimbursement of my court costs.

5. I state under penalty of perjury that the foregoing is true and correct.

Date: _____

Signature

STATEMENT OF SERVICE

Plaintiff certifies that a copy of this Answer to Counterclaim will be mailed/delivered to the Defendant(s) or Defendant(s) attorney at the address listed.

Date: _____

Signature