_____
_____
_____
_____
Plaintiff(s) Name/Address/Phone

V.

_____
_____
_____
_____
Defendant(s) Name/Address/Phone

CASE NUMBER_____

ANSWER

SMALL CLAIMS

1. The following named Defendant(s)
_____
_____
_____,
answers as follows:

2. I do not owe the Plaintiff(s) because:
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Date: _____

_____
Defendant

CERTIFICATE OF MAILING

I certify that I will mail a copy of the Answer to the opposing party(ies) at the address(es) listed.

Date:_____

_____
Defendant