
Full Name of Party Filing Document

Mailing Address (Street or Post Office Box)

City, State and Zip Code

Telephone

Email Address (if any)

IN THE DISTRICT COURT FOR THE _____ JUDICIAL DISTRICT
FOR THE STATE OF IDAHO, IN AND FOR THE COUNTY OF _____

_____ ,

Plaintiff,

vs.

_____ ,

Defendant

Case No. _____

ANSWER

Fee Category: _____

Filing Fee: \$ _____

(Your name) _____, for his/her Answer to the
_____ ,

states:

1. I completely agree with and admit the following paragraphs (list each paragraph
number): _____

2. I admit the portion of paragraph _____, that states: _____

_____ and I deny everything else in that paragraph.

3. I admit the portion of paragraph _____, that states: _____

_____ and I deny everything else in that paragraph.

4. I deny the following paragraphs because I do not have enough information to admit or deny them (list each paragraph number): _____

5. I completely disagree with and deny everything I do not admit.

6. I want the Complaint dismissed.

AFFIRMATIVE DEFENSE(S)

(State each affirmative defense that applies in a separate paragraph – see I.R.C.P. 8(c))

I have read this Answer and state that all facts included are true.

I ask the Court to enter any order requested above.

CERTIFICATION UNDER PENALTY OF PERJURY

I certify under penalty of perjury pursuant to the law of the State of Idaho that the foregoing is true and correct.

Date: _____

Typed/printed

Signature

CERTIFICATE OF SERVICE

I certify that on (date) _____ I served a copy to: (name all parties in the case other than yourself)

(Name)

(Street or Post Office Address)

(City, State, and Zip Code)

- By mail
- By fax (number) _____
- By personal delivery

(Name)

(Street or Post Office Address)

(City, State, and Zip Code)

- By mail
- By fax (number) _____
- By personal delivery

Typed/printed name

Signature