
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. _____

REPLY TO COUNTERCLAIM

Plaintiff, for his/her Reply to the Counterclaim filed by Defendant, states:

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

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

_____ and I deny everything else in that paragraph of the Counterclaim.

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

_____ and I deny everything else in that paragraph of the Counterclaim.

4. I deny the following paragraphs of the Counterclaim 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 Counterclaim dismissed.

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
- Overnight delivery/Fed Ex

(Name)

(Street or Post Office Address)

(City, State, and Zip Code)

- By mail
- By fax (number) _____
- By personal delivery
- Overnight delivery/Fed Ex

Typed/printed name

Signature