
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 _____
SMALL CLAIMS DEPARTMENT

_____,
Plaintiff(s),

vs.

_____,
Defendant(s).

Case No. _____

ANSWER

No Filing Fee

1. If the Defendant's name is not spelled correctly on the Plaintiff's Claim, or if the Defendant's address or phone number are not correct or are omitted on the Plaintiff's Claim, fill out this portion.

Defendant's Name Address City State Zip Phone

Defendant's Name Address City State Zip Phone

2. If the Plaintiff's claim asks for a judgment for money, fill out this portion.

Do you agree that you owe money to the Plaintiff? Yes No

If yes, how much do you agree that you owe? \$ _____

If you believe that you do not owe the Plaintiff the amount claimed or any money, state briefly why you do not owe the money. _____

3. If the Plaintiff's claim seeks the return of personal property, fill out this portion.

Do you agree with the part of the Plaintiff's claim asking for the return of personal property? Yes No

If not, state briefly why not. _____

BY SIGNING THIS ANSWER, THE DEFENDANT VERIFIES THAT the information above is true and correct to the Defendant's best knowledge.

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 name

Signature

Favor de avisarnos antes de la fecha de la audiencia si usted necesitara un interprete en la corte.