

ATTORNEY OR PARTY WITHOUT ATTORNEY (NAME AND ADDRESS): TELEPHONE: ATTORNEY FOR (NAME): Insert name of court, judicial district or branch court, if any, and post office and street address:	FOR COURT USE ONLY
PLAINTIFF: DEFENDANT:	
ANSWER—Contract	CASE NUMBER:
<input type="checkbox"/> TO COMPLAINT OF (name): <input type="checkbox"/> TO CROSS-COMPLAINT (name):	

1. This pleading, including attachments and exhibits, consists of the following number of pages: _____

2. DEFENDANT (*name*):
 answers the complaint or cross-complaint as follows:

3. Check ONLY ONE of the next two boxes:

a. Defendant generally denies each statement of the complaint or cross-complaint. (*Do not check this box if the verified complaint or cross-complaint demands more than \$1,000.*)

b. Defendant admits that all of the statements of the complaint or cross-complaint are true EXCEPT:

(1) Defendant claims the following statements are false (*use paragraph numbers or explain*):

Continued on Attachment 3.b.(1).

(2) Defendant has no information or belief that the following statements are true, so defendant denies them (*use paragraph numbers or explain*):

Continued on Attachment 3.b.(2).

If this form is used to answer a cross-complaint, plaintiff means cross-complainant and defendant means cross-defendant.

SHORT TITLE:	CASE NUMBER:
--------------	--------------


ANSWER—Contract

4. AFFIRMATIVE DEFENSES Defendant alleges the following additional reasons that plaintiff is not entitled to recover anything:

5. Continued on Attachment 4.
 Other

6. DEFENDANT PRAYS
a. that plaintiff take nothing.
b. for costs of suit.
c. Other (*specify*):

(Type or print name)

 _____
(Signature of party or attorney)

