

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>NAME AND ADDRESS</i>): TELEPHONE NO.: ATTORNEY FOR (<i>NAME</i>):	<i>FOR COURT USE ONLY</i>
Insert name of court, judicial district or branch court, if any, and post office and street address:	
PLAINTIFF:	
DEFENDANT:	
ANSWER—Personal Injury, Property Damage, Wrongful Death <input type="checkbox"/> COMPLAINT OF (<i>name</i>): <input type="checkbox"/> CROSS-COMPLAINT OF (<i>name</i>):	CASE NUMBER:

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

DEFENDANT OR CROSS-DEFENDANT (*name*):

2. Generally **denies** each allegation of the unverified complaint or cross-complaint.

3. a. **DENIES** each allegation of the following numbered paragraphs:

b. **ADMITS** each allegation of the following numbered paragraphs:

c. **DENIES, ON INFORMATION AND BELIEF**, each allegation of the following numbered paragraphs:

d. **DENIES, BECAUSE OF LACK OF SUFFICIENT INFORMATION OR BELIEF TO ANSWER**, each allegation of the following numbered paragraphs:

e. **ADMITS** the following allegations and generally denies all other allegations:

SHORT TITLE:	CASE NUMBER:
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ANSWER—Personal Injury, Property Damage, Wrongful Death

f. DENIES the following allegations and admits all other allegations:

g. Other (*specify*):

AFFIRMATIVELY ALLEGES AS A DEFENSE

4. The comparative fault of plaintiff or cross-complainant (*name*):
as follows:

5. The expiration of the Statute of Limitations as follows:

6. Other (*specify*):

7. DEFENDANT OR CROSS - DEFENDANT PRAYS
For costs of suit and that plaintiff or cross-complainant take nothing.

Other (*specify*):

(Type or print name)

(Signature of party or attorney)