

District Court of WASHINGTON County, Arkansas

**ELKINS DIVISION
ANSWER AND AFFIRMATIVE RELIEF**

Plaintiff

vs.

Case No. _____

Defendant

A copy of your answer must be filed with the court and a copy delivered or mailed to the plaintiff or his attorney (if applicable).

CHECK ONE:

- A. _____ I admit everything in the complaint and do not want a trial.
- B. _____ I admit that I am responsible, but not for the total amount claimed by the plaintiff(s).
- C. _____ I deny that I am responsible at all.
- D. _____ I deny that I am responsible at all. In fact the plaintiff is the one at fault. (Contact the court clerk to file a counterclaim form.)

Defendant's Address: _____

Reasons for Denial of Plaintiff's Claim: _____

Affirmative Defenses: _____

Amount of Affirmative Relief Sought: _____

Date Affirmative Claim Arose: _____

Factual Basis of Affirmative Claim: _____

Names and Addresses of Other Persons Needed for Determination of Affirmative Claim: _____

Plaintiff's Attorney and Address: _____

(Signature of Attorney or Defendant)

CERTIFICATE OF SERVICE

The undersigned hereby certifies that a true and correct copy of the foregoing answer was served on [plaintiff or attorney for plaintiff, as appropriate] on the ____ day of _____, 20____, by [state method of service used, e.g., hand delivery, mail, commercial delivery service].

(Signature of Attorney or Defendant)

COMPLETE THIS ANSWER AND MAIL THE ORIGINAL TO: _

- Original - Court
- 2nd copy - Plaintiff
- 3rd copy - Defendant

Clerk's address: _

**ELKINS DISTRICT COURT
1874 STOKENBURY
ELKINS, AR 72727**