

\_\_\_\_\_  
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. \_\_\_\_\_

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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. \_\_\_\_\_

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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.