

IN THE SHERWOOD DISTRICT COURT

CASE NUMBER

PLAINTIFF

STREET ADDRESS

CITY STATE ZIP

TELEPHONE

VS.

ANSWER

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.)

If you checked "B" or "C", briefly explain the reasons for your answer:

I STATE THAT THE INFORMATION CONTAINED IN THIS ANSWER IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I HAVE SENT A COPY OF THIS ANSWER TO THE PLAINTIFF AT THE ABOVE ADDRESS.

DATED: _____

SIGNATURE OF DEFENDANT

STREET ADDRESS

CITY STATE ZIP

TELEPHONE

KEEP A COPY OF THIS ANSWER AND BRING IT TO COURT

COMPLETE THIS ANSWER AND MAIL THE ORIGINAL TO:

SHERWOOD DISTRICT COURT
2201 E. KIEHL, P.O. BOX 6256
SHERWOOD, ARKANSAS 72120