

\_\_\_\_\_ JUDICIAL DISTRICT, STATE OF IDAHO  
\_\_\_\_\_ COUNTY  
SMALL CLAIMS DEPARTMENT

FILED \_\_\_\_\_ AT \_\_\_\_\_ .M  
CLERK OF THE DISTRICT COURT  
BY \_\_\_\_\_, Deputy

\_\_\_\_\_, )  
\_\_\_\_\_, )  
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

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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

BY SIGNING THIS ANSWER, THE DEFENDANT VERIFIES THAT the information above is true and correct to the defendant's best knowledge.

Subscribed and sworn to before me \_\_\_\_\_  
(date)

\_\_\_\_\_  
Defendant's Signature

\_\_\_\_\_  
Deputy Clerk or Notary Public  
If Notary, my commission expires: