

**DISTRICT COURT OF BENTON COUNTY, ARKANSAS
BENTONVILLE DIVISION**

ANSWER

| | | | |
|----------------------|-------|-----|-------------------|
| <hr/> PLAINTIFF | | | <hr/> CASE NUMBER |
| <hr/> STREET ADDRESS | | | |
| CITY | STATE | ZIP | |
| <hr/> TELEPHONE | | | |
| VS. | | | |
| <hr/> DEFENDANT | | | |
| <hr/> ADDRESS | | | |

A copy of your answer **must be filed with the court within** 30 days, 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:

DISTRICT COURT OF BENTON COUNTY, ARKANSAS

BENTONVILLE DIVISION

2706 S. Walton Blvd.,

Bentonville, AR 72712

Telephone: 479-271-3121

1. Original - Court
2. Copy - Defendant
3. Copy - Plaintiff