

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

ANSWER

PLAINTIFF			CASE NUMBER
STREET ADDRESS			
CITY	STATE	ZIP	
TELEPHONE			
VS.			
DEFENDANT			
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:

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

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