

**AN ANSWER MUST BE FILED WITHIN TEN CALENDAR (10) DAYS.**

\_\_\_\_\_

(PLAINTIFF)

VS

CASE NO. **SC** \_\_\_\_\_

\_\_\_\_\_

(DEFENDANT)

**DEFENDANT'S ANSWER**

**THIS FORM IS TO BE USED TO NOTIFY THE SMALL CLAIMS COURT THAT YOU INTEND TO CONTEST THE PLAINTIFF'S CLAIM. CHECK THE STATEMENT BOX BELOW THAT APPLIES TO YOU.**

\_\_\_\_\_ 1. I do not owe the plaintiff any part of what he/she claims.

\_\_\_\_\_ 2. I owe the plaintiff only part of what he/she claims.

\_\_\_\_\_ 3. I owe the plaintiff what he/she claims, and I want to work out a payment schedule.

EXPLANATION (OPTIONAL) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**COUNTERCLAIM**

**WHETHER OR NOT YOU BELIEVE YOU OWE THE PLAINTIFF ANYTHING, YOU MAY HAVE A CLAIM OF YOUR OWN AGAINST THE PLAINTIFF. YOU MAY RAISE-YOUR CLAIM AS PART OF THIS CASE AND HAVE IT DECIDED AT THE SAME TIME. FILL IN THE FOLLWING: (Cost to file Counter Claim is \$112.00)**

PLAINTIFF OWES ME (Briefly describe claims and state reasons): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DATE: \_\_\_\_\_

PHONE NO. \_\_\_\_\_

\_\_\_\_\_

SIGNATURE OF DEFENDANT

ADDRESS \_\_\_\_\_

MAIL OR BRING TO:

DARREN LOMBARD  
CLERK SECOND CITY COURT, 225 MORGAN STREET  
NEW ORLEANS (ALGIERS), LOUISIANA 70114