

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 \$111.50)

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