

DISTRICT COURT OF HOT SPRINGS, GARLAND COUNTY, ARKANSAS

ANSWER

PLAINTIFF: _____

Address: _____

vs.

CASE NO. _____

DEFENDANT: _____

Address: _____

Telephone: _____

The original copy of your Answer must be filed with the Court and one copy delivered or mailed to the Plaintiff or his/her 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 check "B" or "C", briefly explain your reason for denial of Plaintiff's Claim:

I STATE THAT THE INFORMATION CONTAINED IN THIS ANSWER IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature of Defendant

CERTIFICATE OF SERVICE

The undersigned hereby certifies that a true and correct copy of the foregoing Answer was served on Plaintiff on the _____ day of _____, 20____, by mailing a copy to Plaintiff's address listed above.

Signature of Defendant

COMPLETE THIS ANSWER AND MAIL ORIGINAL TO:

GARLAND COUNTY DISTRICT COURT
607 OUACHITA, ROOM 150
HOT SPRINGS, AR 71901

Mail Original to Court

Mail 1 copy to Plaintiff

For a file-marked copy for your records, mail additional copy to Court along with a self-addressed, stamped envelope.