

**IN THE DISTRICT COURT OF WASHINGTON COUNTY, ARKANSAS
 SPRINGDALE DEPARTMENT
 CIVIL AND SMALL CLAIMS DIVISION
ANSWER / COUNTERCLAIM**

 PLAINTIFF (same as on complaint form)

 Mailing Address

 City State Zip

 Telephone

Case Number: _____

VS.

 DEFENDANT(same as on complaint form)

A COPY OF YOUR ANSWER OR COUNTERCLAIM MUST BE FILED WITH THE COURT WITHIN 30 DAYS FROM THE DATE YOU RECEIVE THE SUMMONS AND A COPY DELIVERED OR MAILED TO THE PLAINTIFF OR PLAINTIFF'S ATTORNEY (IF APPLICABLE), OR A DEFAULT JUDGMENT WILL BE ENTERED AGAINST YOU.

CHECK ONE:

A.		I admit everything in the complaint. (If you check "A", you do not have to appear in court.)
B.		I admit that I am responsible, but not for the total amount claimed by Plaintiff. (Explain Below) ***MUST APPEAR IN COURT***
C.		I deny that I am responsible at all. (Explain below) ***MUST APPEAR IN COURT***
D.		I deny that I am responsible at all, and wish to file a COUNTERCLAIM against the Plaintiff as indicated below (use another sheet of paper if more space is needed). ***MUST APPEAR IN COURT***

B,C,D: _____

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 OR COUNTERCLAIM TO PLAINTIFF AT THE ABOVE ADDRESS.

DATE: _____

 Signature of Defendant

 Mailing and Street Address

 Defendant's phone number(s)

 City State Zip

**KEEP A COPY OF THIS ANSWER AND MAIL A COPY TO THE PLAINTIFF
 COMPLETE THIS ANSWER AND MAIL THE ORIGINAL TO:
 Washington County District Court, Springdale Dept., 201 SPRING STREET, SPRINGDALE, AR 72764
 PHONE: (479) 750-8551, FAX: (479) 750-8564**

INSTRUCTIONS TO DEFENDANT

1. If you wish to contest the plaintiff's claim and file a claim against the plaintiff, please complete this answer/counterclaim form and file with the Clerk's Office within **30 days** of the date that you received the Complaint filed against you.
2. Mail the original form to the Clerk's Office at the address on the bottom of the answer/counterclaim form. You must also mail a copy of your answer to the Plaintiff at the address provided.
3. **IMPORTANT**: If you are also filing a **COUNTERCLAIM**, you **MUST** have your **COUNTERCLAIM** served on the Plaintiff and provide the Court with proof of that service. You have three (3) options for service: (1) You may serve the paperwork on the Plaintiff by Certified Mail Restricted Delivery and provide the Court with the proof of service (green card) showing the Plaintiff signed for the paperwork, (2) have the Sheriff's Office serve the paperwork by taking it to them and have them provide the Court with proof of service, or (3) by having a Process Server serve the paperwork and provide the Court with proof of service.

INSTRUCTIONS TO PLAINTIFF

1. If the Defendant has selected box "D." on the front of this form, the defendant is **SUING YOU**.
2. **You must also file an answer to the Counterclaim filed against you.**

INSTRUCTIONS TO BOTH PARTIES

1. You must appear at the date and at the time set for trial. A notice will be sent to you by mail of that date. Please keep the Court informed of any changes to your mailing address. If you fail to appear, the defendant may be given a default judgment against you in the amount specified in the Complaint or Counterclaim.
2. You should bring with you at the time set for trial, all books, papers, witnesses, and evidence you have to establish your defense.
3. You may bring witnesses with you to testify on your behalf or you may have witnesses subpoenaed by providing a list of their name, addresses, and telephone numbers to the Clerk of this Court. At your request, the Court will issue subpoenas for any witnesses you may need. You must order a subpoena as soon as possible after the Court date has been set and the subpoenas must be served on your witnesses at least two (2) days before the trial date.