

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>NAME AND ADDRESS</i>):	TELEPHONE NO.:	FOR COURT USE ONLY
ATTORNEY FOR (<i>NAME</i>):		
Insert name of court, judicial district or branch court, if any, and post office and street address:		
PLAINTIFF:		
DEFENDANT:		
ANSWER—Personal Injury, Property Damage, Wrongful Death <input type="checkbox"/> COMPLAINT OF (<i>name</i>): <input type="checkbox"/> CROSS-COMPLAINT OF (<i>name</i>):		CASE NUMBER:

1. This pleading, including attachments and exhibits, consists of the following number of pages: _____

DEFENDANT OR CROSS-DEFENDANT (*name*):

2. Generally **denies** each allegation of the unverified complaint or cross-complaint.
3. a. DENIES each allegation of the following numbered paragraphs:
- b. ADMITS each allegation of the following numbered paragraphs:
- c. DENIES, ON INFORMATION AND BELIEF, each allegation of the following numbered paragraphs:
- d. DENIES, BECAUSE OF LACK OF SUFFICIENT INFORMATION OR BELIEF TO ANSWER, each allegation of the following numbered paragraphs:
- e. ADMITS the following allegations and generally denies all other allegations:

SHORT TITLE:	CASE NUMBER:
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ANSWER—Personal Injury, Property Damage, Wrongful Death

f. DENIES the following allegations and admits all other allegations:

g. Other (*specify*):

AFFIRMATIVELY ALLEGES AS A DEFENSE

4. The comparative fault of plaintiff or cross-complainant (*name*):
as follows:

5. The expiration of the Statute of Limitations as follows:

6. Other (*specify*):

7. DEFENDANT OR CROSS - DEFENDANT PRAYS

For costs of suit and that plaintiff or cross-complainant take nothing.

Other (*specify*):

(Type or print name)

(Signature of party or attorney)