

# DEFENDANT'S ANSWER

Case Number \_\_\_\_\_

IN THE SMALL CLAIMS COURT OF \_\_\_\_\_, ALABAMA  
(Name of County)

v.

Plaintiff

Defendant

Plaintiff's  
Home Address

Defendant's  
Home Address

Plaintiff's Attorney's  
Address

Additional  
Defendant(s)  
and Addresses

## PART 1. DEFENDANTS ANSWER TO THE COMPLAINT

Instructions:

1. Please print.
2. This answer must be signed by the person or persons who have been sued or their attorney. An answer which is not signed or which is not signed by the proper person cannot be considered.
3. Mail the original to the Small Claims Court Clerk at the address below.
4. Mail a copy to the plaintiff or his/her attorney, if he/she is represented by an attorney, at the address above. Keep a copy for your files.

Notice: If you have been sued in county in which you do not live and if the suit against you is not for services or work and labor performed in the county where suit has been filed, you may request that it be transferred to your home county. If this applies, complete "A" below.

### SELECT ONLY ONE OF THE FOLLOWING:

- A.  I do not live in this county and the suit against me is not for work or labor performed in the county where suit has been filed; thus, I want this case transferred to my home county of \_\_\_\_\_.
- B.  I admit everything in the Statement of Claim and do not want a trial. (This means that you consent to a judgment for the amount claimed plus court costs).
- C.  I admit that I owe some money, but not the total amount claimed by the plaintiff(s). (If this block is checked, the case will be set for trial. Please note that any money paid by you on this claim after the suit was filed may not be reflected on the Statement of Claim which you receive. You should contact the person who has sued you or his/her attorney to determine the present balance which is claimed).
- D.  I deny that I am responsible at all. (If this block is checked, this case will be set for trial).

IF YOU CHECKED "C" OR "D", BRIEFLY EXPLAIN THE REASONS FOR YOUR ANSWER.

\_\_\_\_\_  
Name, Address & Phone Number of Employer:

**PART II.** This answer must be signed by the person or persons who have been sued or their attorney. An answer which is not signed at all or which is not signed by the proper person cannot be considered. Keep a copy of this Answer and any other documents you receive concerning your case for your files.

### CLERK'S ADDRESS:

\_\_\_\_\_  
Defendant or Defendant's Attorney (Signature)

Attorney Code \_\_\_\_\_

\_\_\_\_\_  
Defendant or Defendant's Attorney's Phone Number

Clerk's Phone No. \_\_\_\_\_

(See instructions on the Back)

Date of Filing \_\_\_\_\_

**INSTRUCTIONS TO EACH DEFENDANT**

**ANSWER ONLY**

1. You **MUST** fill out (print or type) this form **AND** deliver or mail a copy of it to the clerk at the address on the front, **SO IT WILL ARRIVE AT THE CLERK'S OFFICE WITHIN 14 DAYS AFTER THE STATEMENT OF CLAIM WAS DELIVERED TO YOU.** You must complete this form even if you admit you are responsible for part – not all – of what the plaintiff(s) claims.
2. **IF YOU CHOOSE TO MAIL THIS FORM TO THE CLERK, YOU SHOULD CHECK WITH THE CLERK'S OFFICE AFTER SEVERAL DAYS TO MAKE SURE IT WAS RECEIVED ON TIME.** Be sure to refer to your case number. This Answer must be received by the clerk within 14 days from the date it was delivered to you.
3. **BE SURE TO KEEP A COPY OF YOUR ANSWER FOR YOURSELF.** After it is received by the clerk, you will be sent a notice of the time and place of your trial if you have denied what the plaintiff claims.