

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:		
<b>ANSWER—Personal Injury, Property Damage, Wrongful Death</b> <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)