

ATTORNEY OR PARTY WITHOUT ATTORNEY (NAME AND ADDRESS):      TELEPHONE:	FOR COURT USE ONLY:
ATTORNEY FOR (NAME): Insert name of court, judicial district or branch court, if any, and post office and street address:	
PLAINTIFF:	
DEFENDANT:	
<b>ANSWER—Contract</b>	CASE NUMBER:
<input type="checkbox"/> TO COMPLAINT OF (name): <input type="checkbox"/> TO CROSS-COMPLAINT (name):	

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

2. DEFENDANT (name):  
 answers the complaint or cross-complaint as follows:

3. Check ONLY ONE of the next two boxes:

- a.  Defendant generally denies each statement of the complaint or cross-complaint. *(Do not check this box if the verified complaint or cross-complaint demands more than \$1,000.)*
- b.  Defendant admits that all of the statements of the complaint or cross-complaint are true EXCEPT:
  - (1) Defendant claims the following statements are false *(use paragraph numbers or explain)*:

Continued on Attachment 3.b.(1).  
 (2) Defendant has no information or belief that the following statements are true, so defendant denies them *(use paragraph numbers or explain)*:

Continued on Attachment 3.b.(2).

If this form is used to answer a cross-complaint, plaintiff means cross-complainant and defendant means cross-defendant.

SHORT TITLE:	CASE NUMBER:
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**ANSWER—Contract**

4.  AFFIRMATIVE DEFENSES Defendant alleges the following additional reasons that plaintiff is not entitled to recover anything:

Continued on Attachment 4.

5.  Other

6. DEFENDANT PRAYS

a. that plaintiff take nothing.

b.  for costs of suit.

c.  other (*specify*):

.....  
(Type or print name)

\_\_\_\_\_  
(Signature of party or attorney)