

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

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:

5.  Continued on Attachment 4.  
 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)

