
Full Name of Party Filing Document

Mailing Address (Street or Post Office Box)

City, State and Zip Code

Telephone

IN THE DISTRICT COURT FOR THE _____ JUDICIAL DISTRICT
FOR THE STATE OF IDAHO, IN AND FOR THE COUNTY OF _____

_____,

vs. Plaintiff(s),

_____,

Defendant(s).

Case No. _____

ANSWER TO COMPLAINT
FOR EVICTION
(EXPEDITED PROCEEDING)

Fee Category: I.4. _____

Filing Fee: \$ _____

(your name/s) _____, for his/her/their

Answer to the Complaint for Eviction, states:

1. I/we admit the following paragraphs (list each paragraph number):

_____.

2. I/we deny the following paragraphs (list each paragraph number):

3. I/we deny the following paragraphs because I/we do not have enough information to admit or deny them (list each paragraph number): _____

4. I/we deny the portion of paragraph _____, that states: _____

and I/we admit the remaining portion of that paragraph.

5. I/we deny the portion of paragraph _____, that states: _____

and I/we admit the remaining portion of that paragraph.

6. I/we deny everything I/we did not admit.

DEFENSES

- 1. Plaintiff(s) knew at the time we entered into the rental agreement that the premises were uninhabitable.
- 2. I/we paid all of my/our rent.
- 3. A three-day notice was not served upon me/us as required by Idaho Code §§ 6-303 and 6-304.
- 4. The Complaint was filed and Summons issued before the end of the three-day notice period in which to pay rent or move.
- 5. The three-day notice fails to state the amount of rent owed.
- 6. I am being evicted in retaliation for requesting repairs.

7. I tried to pay rent before the time period of the three-day notice expired and the Plaintiff(s) refused my payment.

8. Other Defendant(s) request(s) the following relief:

1. The complaint be dismissed;
2. Defendant(s) be awarded costs.

VERIFICATION: I swear I have read this Answer and state that all facts included are true.

Date: _____

Typed/printed name

Signature

STATE OF IDAHO)
) ss.
County of _____)

SUBSCRIBED AND SWORN before me on this _____ day of _____

Notary Public for Idaho
Residing at _____
Commission expires _____

CERTIFICATE OF SERVICE

I certify that on (date) _____ I served a copy to: (name all parties in the case other than yourself)

(Name)

(Street or Post Office Address)

(City, State, and Zip Code)

- By mail
- By fax (number) _____
- By personal delivery
- Overnight delivery/Fed Ex

(Name)

(Street or Post Office Address)

(City, State, and Zip Code)

- By mail
- By fax (number) _____
- By personal delivery
- Overnight delivery/Fed Ex

Typed or printed name

Signature