

Completing Form Cv 3-5: Reply to Counterclaim for Ada County

[You will remove these instruction pages before filing.]

Talk to an attorney, if possible.

WARNING: These instructions are not a substitute for legal advice. The laws and court rules are complex and following these instructions will not guarantee you a favorable result. We always recommend you talk to a lawyer about your problem before filing your paperwork. If you cannot afford to hire an attorney to represent you, you may be able to pay a lawyer to give you advice and review your paperwork for a lesser cost. Contact the Idaho State Bar Lawyer Referral Service (208-334-4500) for the name of an attorney in your area who will provide an initial half-hour consultation for \$35. Contact the Court Assistance Office for information about resources for low-income people.

You will be signing a sworn statement that you have read the reply to counterclaim, know what it says, and believe it's true. To guarantee the truthfulness of that statement, be sure to read the entire completed form.

INSTRUCTIONS

Fill in the forms by typing or by printing neatly and legibly in black ink. If you are working on a computer, you may delete the optional sections you don't need and renumber the remaining sections, or type in "none" if a section doesn't apply. The documents have a boldface "or" at the start of optional sections. If the section does not contain a boldface "or" it is necessary and you should type in the appropriate information (which might be the word "none"). Always keep a copy of the completed form for your records.

At the top left-hand corner of page 1, fill in your legal name, current mailing address and telephone number.

The Court Heading. Fill in the county and judicial district in the heading in capital letters (for example, "IN THE DISTRICT COURT OF THE FOURTH JUDICIAL DISTRICT IN AND FOR THE COUNTY OF ADA") as they appear on the Complaint/Motion/Petition.

The Caption. Fill in the full legal name of each party in the caption above "Petitioner" and "Respondent", exactly as they appear on the Complaint/Motion/Petition.

The Case No. Write in the case number shown on the Complaint/Motion/Petition. The **Court Heading, Caption** and **Case Number** will be the same on all documents you prepare for this case.

Review the Counterclaim carefully. You must admit or deny each paragraph in the Counterclaim individually. If you can only admit some of the facts in any paragraph, you must state specifically which facts you admit and which facts you deny.

Paragraph 1: Decide which specific numbered paragraphs of the counterclaim you completely agree with. Fill in those paragraph numbers, letters, or roman numerals, (as used in the

counterclaim). If you can only admit some of the facts in any paragraph, you must state specifically which facts you admit.

Paragraph 2: Decide which specific paragraphs of the counterclaim you completely disagree with. Fill in those paragraph numbers, letters, or roman numerals, (as used in the counterclaim). If you only deny some of the facts in any paragraph, you must state specifically which facts you deny.

Paragraph 3: Decide which paragraphs of the counterclaim you have too little information or knowledge to evaluate. Fill in those paragraph numbers, letters, or roman numerals, (as used in the counterclaim).

There is a prayer portion of the Counterclaim that you do not have to specifically reply to. It usually starts with "Wherefore Petitioner/Respondent prays for judgment as follows:" You do not have to reply to any of the numbered paragraphs in the prayer of the Counterclaim.

Signature: Sign and date certifying that the information in the document is true and accurate, subject to the penalty perjury if it is not.

Certificate of Service:

- Fill in the name and address for the other party or his/her attorney exactly as it appears in the upper left corner of page one of the Counterclaim. If you are going to serve the Reply to Counterclaim by fax or personal delivery, write in the address you will use.
- Check the box to indicate how you are getting a copy to the other party or his/her attorney.
- Fill in the date and sign the Certificate of Service

NOTE: A copy of every document you file with the court must be sent to the other party, either directly or through the attorney if s/he has an attorney or record.

Make two copies.

Serve one copy to the person named in the upper left hand corner of Page 1 of the Counterclaim and in your Certificate of Service.

File your Reply to Counterclaim. Take the original (the one you signed) and your copy to the court clerk. The original will be kept in the court's file and you can ask that the clerk "conform" or stamp your copy.

REMEMBER TO REMOVE THESE INSTRUCTIONS BEFORE FILING YOUR REPLY

Full Name of Party Filing This Document

Mailing Address (Street or Post Office Box)

City, State and Zip Code

Telephone Number

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

_____,
Petitioner,
vs.
_____,
Respondent.

Case No. _____

REPLY TO COUNTERCLAIM

Petitioner/Respondent, for his/her Reply to the Counterclaim filed by
Petitioner/Respondent, states:

1. I admit the following paragraphs of the Counterclaim (list each paragraph number):

2. I deny the following paragraphs of the Counterclaim (list each paragraph number):

3. I don't have sufficient knowledge or information to admit or deny the following paragraphs of the Counterclaim, and therefore deny it/them (list each paragraph number):

4. I deny all statements of the Counterclaim not specifically admitted in this Reply to Counterclaim.

CERTIFICATION UNDER PENALTY OF PERJURY

I certify under penalty of perjury pursuant to the law of the State of Idaho that the foregoing is true and correct.

Date: _____

Typed/printed

Signature

CERTIFICATE OF SERVICE

I certify I served a copy to: (name all parties or their attorneys in the case, other than yourself)

(Name)

By Mail

(Street or Post Office Address)

By fax to (number) _____

(City, State, and Zip Code)

By personal delivery

(Name)

By Mail

(Street or Post Office Address)

By fax to (number) _____

(City, State, and Zip Code)

By personal delivery

Date: _____

Signature

Typed/printed Name of Party Signing