Full Name of Party Filing Document

Mailing Address (Street or Post Office Box)

City, State and Zip Code

Telephone

Email Address (if any)

IN THE DISTRICT COURT FOR THE JUDICIAL DISTRICT

FOR THE STATE OF IDAHO, IN AND FOR THE COUNTY OF

|  |  |
| --- | --- |
| ,  Plaintiff,  vs.  ,  Defendant. | Case No.  REPLY TO COUNTERCLAIM |

Plaintiff, for his/her Reply to the Counterclaim filed by Defendant, states:

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

1. I admit the portion of paragraph of the Counterclaim, that states: and I deny everything else in that paragraph of the Counterclaim.
2. I admit the portion of paragraph of the Counterclaim, that states: and I deny everything else in that paragraph of the Counterclaim.
3. I deny the following paragraphs of the Counterclaim because I do not have enough information to admit or deny them (list each paragraph number):
4. I completely disagree with and deny everything I do not admit.
5. ⬜ I want the Counterclaim dismissed.

**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 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/printed name | Signature |