

(Revised 7/05)

File Stamp Date _____
Case Number _____

Prepared by:
Filer's name, SC#
Filer's address
Filer's phone number
{ Filer's fax phone number }
{ Filer's e-mail address }
{ Attorney for Defendant }

In The District Court of _____ County, Kansas

Plaintiff's name Plaintiff

vs.

Case No. _____

Defendant's name Defendant
Defendant's address

Pursuant to Chapter 61 of
Kansas Statutes Annotated

ANSWER

The defendant states the following:

1. I deny the claim of the plaintiff for the following reasons:

(FAILURE TO STATE YOUR DEFENSE MAY RESULT IN JUDGMENT BEING
TAKEN AGAINST YOU)

2. I claim the following affirmative defenses:

Defendant or Defendant Attorney Signature
SC#

NOTE: This form must be filed with the clerk of the district court on or before the date you have been given to appear and a copy sent to the plaintiff's attorney or to the plaintiff if he or she has no attorney.

CERTIFICATE OF SERVICE

I certify that on _____, _____, I mailed the foregoing answer to the
[plaintiff's attorney] [plaintiff] at the following address:

Defendant or Defendant Attorney Signature