

***ALL INFORMATION (BLANKS)
MUST BE TYPED OR PRINTED.

**BATON ROUGE CITY COURT
SMALL CLAIMS DIVISION
233 St. Louis St.
P. O. Box 3438
Baton Rouge, LA 70821
(225) 389-3017**

***** DEFENDANT'S ANSWER *****

R.S. 13:5200 et seq.

SUIT NUMBER: _____

PLAINTIFF

VERSUS

DEFENDANT

(By signing this petition, I verify that I have read and understand the
Court's publication: "How to Use the Small Claims Division.")



FULL NAME OF PARTY BEING SUED



NAME OF OWNER IF SUING A COMPANY

FULL NAME OF SUING PARTY



STREET ADDRESS OF DEFENDANT

DAYTIME PHONE



CITY, STATE, ZIP CODE DAYTIME PHONE

STREET ADDRESS OF PLAINTIFF



OTHER ADDRESS FOR DEFENDANT

CITY, STATE, ZIP CODE



CITY, STATE, ZIP CODE

THIS FORM MAY BE USED TO NOTIFY THE SMALL CLAIMS COURT WHETHER OR NOT YOU INTEND TO CONTEST THE
PLAINTIFF'S CLAIM. CHECK THE STATEMENT BELOW THAT APPLIES.

- _____ 1. I do not owe the Plaintiff any part of what he/she claims; or
- "_____ 2. I owe the Plaintiff only part of what he/she claims; or
- _____ 3. I owe the Plaintiff what he/she claims, and waive any further appearance and/or delays and consent to judgment against me in the amount sought.

I am requesting that this matter be heard by:
(Check One) Arbitrator Judge

**FILL IN THIS SECTION
COMPLETELY**

DATE: _____ SIGNATURE: _____

PHONE NUMBER: _____ ADDRESS: _____

I HEREBY CERTIFY that the above and foregoing Answer has been served upon the opposing party by mailing a copy, first class postage pre-paid, addressed to:

On this _____ day of _____, 20____.

Signed _____

*** NOTICE TO ALL PARTIES: During the pendency of this lawsuit, the Court will contact you at the address and phone number you have indicated. If either address or phone number should change, please notify the Court immediately.

PLEASE SERVE PLAINTIFF:

At: _____
