

District Court, Jefferson County, Colorado Court Address: 100 Jefferson County Parkway, Golden, CO 80401			
Plaintiff(s): v. Defendant(s):		▲ COURT USE ONLY ▲	
Attorney or Party Without Attorney (Name and Address):		Case Number:	
Phone Number:	E-mail:	Division	Courtroom
FAX Number:	Atty. Reg. #:		
ANSWER TO _____			

The Defendant(s) _____ (name), answer(s) the complaint as follows:

1. The amount of damages claimed to be due to the Plaintiff(s) by the complaint in this action is not due and owing for the following reasons:

OR

the Plaintiff(s) is/are not entitled to possession of the property and Defendant(s) is/are entitled to retain possession for the following reasons:

OR

the injunctive relief requested by the Plaintiff(s) should not be allowed for the following reasons:

2. (If applicable) the Defendant(s), _____, assert(s) the following counterclaim(s) or setoff(s) against the Plaintiff(s)

3. (If applicable) the Defendant(s) _____, assert(s) the following cross claim(s) against _____, named Defendant(s):

4. The Defendant(s):

Request(s) a trial to the court.

Request(s) a jury trial. By requesting a jury trial, the Defendant(s) understand(s) that a jury fee must be paid unless the fee is waived by the Court.

WARNING: ALL FEES ARE NON-REFUNDABLE. IN SOME CASES, A REQUEST FOR A JURY TRIAL MAY BE DENIED PURSUANT TO LAW EVEN THOUGH A JURY FEE HAS BEEN PAID.

Note: All Defendants filing this answer must sign unless the answer is signed by an attorney.

Signature of Defendant(s) (if applicable)

Signature of Attorney for Defendant(s)

Address(es) of Defendant(s): _____

Phone Number(s) of Defendant(s): _____

CERTIFICATE OF SERVICE

I certify that on _____ (date) a true and accurate copy of this Answer was served on _____ the other party(s) or attorney(s) by:

Hand Delivery E-filed Faxed to this number _____ or by placing it in the United States mail, postage pre-paid, and addressed to the following:

Defendant(s) or Attorney for Defendant(s) Signature