

County Court _____ County, Colorado Court Address: <hr/> Plaintiff(s): v. Defendant(s):	▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address): Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____	Case Number: Division _____ Courtroom _____
ANSWER UNDER SIMPLIFIED CIVIL PROCEDURE (including counterclaim(s) and/or cross claim(s))	

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) (you are limited to the jurisdiction of the court):

4. If a counterclaim is asserted above, you must check one of the following statements:

- The amount of the counterclaim **does not** exceed the jurisdiction of the court (County Court filing fee required).
- The amount of the counterclaim **does** exceed the jurisdiction of the court, but I wish to limit my recovery to the jurisdiction of the court (County Court filing fee required).
- The amount of the counterclaim **does** exceed the jurisdiction of the court, and I wish the case transferred to the District Court (District Court filing fee required)

5. 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)

Signature of Attorney for Defendant(s) (if applicable)

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 UNDER SIMPLIFIED CIVIL PROCEDURE* 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