

**IN THE CIRCUIT COURT OF THE STATE OF OREGON FOR THE COUNTY OF LINN**

\_\_\_\_\_)
\_\_\_\_\_)
\_\_\_\_\_)
Landlord Vs Plaintiff(s,)
\_\_\_\_\_)
\_\_\_\_\_)
\_\_\_\_\_)
Tenant Defendant(s.)

**DEFENDANT'S ANSWER**

CASE NO: \_\_\_\_\_

- At hearing, I will need an interpreter in the \_\_\_\_\_ language
 At hearing, I will need American's with Disabilities Act accommodations

I (we) deny that the plaintiff(s) is (are) entitled to possession because:

\_\_\_\_\_ The landlord did not make repairs.
List any repair problems: \_\_\_\_\_

- \_\_\_\_\_ The landlord is attempting to evict me (us) because of my (our) complaints (or the eviction is otherwise retaliatory).
\_\_\_\_\_ The landlord is attempting to evict me because of my status as a victim of domestic violence, sexual assault or stalking.
\_\_\_\_\_ The eviction notice is wrong.
\_\_\_\_\_ List any other defenses: \_\_\_\_\_

I (we) may be entitled as the prevailing party to recover attorney fees from plaintiff(s) if I (we) obtain legal services to defend this action pursuant to ORS 90.255.

I (we) ask that the plaintiff(s) not be awarded possession of the premises and that I (we) be awarded my (our) costs and disbursements and attorney fees, if applicable, and/or a prevailing party fee.

Dated: \_\_\_\_\_

Defendant or Attorney Signature OSB #
Print Name
Mailing Address City
State Zip Telephone Number
\*\*Email Address \_\_\_\_\_

Defendant Signature
Print Name
Mailing Address City
State Zip Telephone Number
\*\*Email Address \_\_\_\_\_

\*\*Email Notification Consent: By providing my email address I consent to receive notifications from the court by email instead of or in addition to other methods. I understand that if my email changes or if I choose to withdraw consent, I must notify the court in writing.