

IN THE CIRCUIT COURT OF THE STATE OF OREGON
FOR THE COUNTY OF POLK
SMALL CLAIMS DEPARTMENT

_____,)
_____,)
_____,) ANSWER
Plaintiff,)
vs.) Case No. _____
_____,)
_____,)
_____,)
Defendant.)

DENYING CLAIM:
 I We deny the claim of the plaintiff and demand a hearing *jury trial.
*The amount of the claim must exceed \$750.00 to request a jury trial.

COUNTERCLAIM:
 I wish to file a counterclaim against the plaintiff for \$_____, for the following:

Defendant's Signature Date

Street (mailing address) Telephone Number

City State Zip Code

NOTICE TO PLAINTIFF:
I certify that the foregoing is a true copy of a counterclaim filed against you.
TRIAL COURT ADMINISTRATOR

By _____
Court Operations Specialist

Costs Paid: Defendant's Filing Fee of \$_____