

File Stamp Date  
Case Number \_\_\_\_\_

Prepared by:  
Filer's name, SC#  
Filer's address  
Filer's phone number  
{ Filer's fax phone number }  
{ Filer's e-mail address }  
{ Attorney for Defendant }

In The District Court of \_\_\_\_\_ County, Kansas

Plaintiff's name                      Plaintiff

vs.                                              Case No. \_\_\_\_\_

Defendant's name                      Defendant  
Defendant's address

Pursuant to Chapter 61 of  
Kansas Statutes Annotated

ANSWER

The defendant states the following:

1. I deny the claim of the plaintiff for the following reasons:

\_\_\_\_\_  
\_\_\_\_\_

(FAILURE TO STATE YOUR DEFENSE MAY RESULT IN JUDGMENT BEING  
TAKEN AGAINST YOU)

2. I claim the following affirmative defenses:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Defendant or Defendant Attorney Signature  
SC#

NOTE: This form must be filed with the clerk of the district court on or before the date you have been given to appear and a copy sent to the plaintiff's attorney or to the plaintiff if he or she has no attorney.

CERTIFICATE OF SERVICE

I certify that on \_\_\_\_\_, \_\_\_\_\_, I mailed the foregoing answer to the  
[plaintiff's attorney] [plaintiff] at the following address:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Defendant or Defendant Attorney Signature