

[Fill in the spaces next to the instructions. Other spaces are for Court use.]
SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF NASSAU

-----X

_____,
[2. Fill in name(s)] Plaintiff(s)

-against-

[1. Index No. & Year]

Index No.

_____/_____
Answer

Answer

_____,
[3. Fill in name(s)] Defendant(s)

-----X

TO THE SUPREME COURT OF THE STATE OF NEW YORK

As and for defendant's answer to the complaint herein, the defendant **[4. Your Name]** _____, respectfully shows and alleges as follows:

1. Admits the truth of the allegations contained in Paragraph(s) of the complaint, as follows, **[5. Identify the paragraphs of plaintiff's complaint that are completely true.]**

2. Denies knowledge or information sufficient to form a belief as to the truth of the allegations contained in Paragraph(s) of the complaint, as follows, **[6. Identify the paragraphs of plaintiff's complaint that you have no knowledge of being true.]**

3. Denies the allegations contained in Paragraph(s) of the complaint, as follows, **[7. Identify the paragraphs of plaintiff's complaint that are completely false.]**

4. The defendant has the following affirmative defenses to the plaintiff's complaint. **[8. Insert the legal reasons why you oppose the allegations in the complaint.]**

5. The defendant has the following counterclaims as and against the plaintiff.

[9. Describe your case against the plaintiff.]

Wherefore, defendant prays that this Court dismiss the complaint of the plaintiff herein, with costs and disbursements to defendant, together with such other and further relief, the Court finds to be just and proper.

[10. Date and County papers are signed in]

Dated: _____

County: _____

[11. Your Signature]

[12. Your Name]

[13. Your Address]

[14. City, State & Zip Code]

[15. Your Phone Number]

To the Plaintiff :

[16. Plaintiff Address]

[17. City, State Zip Code]

[18. Phone Number]

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF NASSAU

-----X

_____,
[Fill in name(s)] Plaintiff(s)

[Index No. & Year]
Index No. _____ / _____

-against-

_____,
[31. Fill in name(s)] Defendant(s)

-----X

[Insert name(s) of papers submitted]

[YOUR SIGNATURE]

[PRINT YOUR NAME]

[YOUR ADDRESS]

[CITY, STATE ZIP CODE]

[YOUR PHONE NUMBER]