[Fill in the spaces next to the SUPREME COURT OF THE S COUNTY OF NASSAU	STATE OF NEW YORK	s are for Court use.]	
	,	[1. Index No. & Year] Index No.	
[2. Fill in name(s)]	Plaintiff(s)	Answer	
-against-		Answer	
[3. Fill in name(s)]	Defendant(s)	,	
TO THE SUPREME COURT C		ORK	
As and for defendant's	answer to the complaint her	ein, the defendant [4. Your	
Name]	, resp	ectfully shows and alleges as	
follows:			
1. Admits the truth of the	allegations contained in Pa	ragraph(s) of the complaint, as	
follows, [5. Identify the paragi	raphs of plaintiff's compla	int that are completely true.]	
2. Denies knowledge or	information sufficient to for	m a belief as to the truth of the	
allegations contained in Parag	raph(s) of the complaint, as	follows, [6. Identify the	
paragraphs of plaintiff's com	nplaint that you have no ki	nowledge of being true.]	
3. Denies the allegation	s contained in Paragraph(s)	of the complaint, as follows,	
[7. Identify the paragraphs of	f plaintiff's complaint that	are completely false.]	
4. The defendant has the	e following affirmative defen	ses to the plaintiff's complaint.	
[8. Insert the legal reasons w	hy you oppose the allega	tions in the complaint.]	
-			

5. The defendant has the followin	ng counterclaims as and against the plaintiff.
[9. Describe your case against the pla	aintiff.]
	•
Whoroforo defendant prays that	this Court dismiss the complaint of the plainti
	ents to defendant, together with such other and
	_
further relief, the Court finds to be just a	
[10. Date and County papers are signed	ea inj
Dated:	
County:	
	[11. Your Signature]
	[40] Value Nama 1
	[12. Your Name]
	[12 Vour Address]
	[13. Your Address]
	[14. City, State & Zip Code
To the Plaintiff :	[14. City, State & Zip Code
To the Plaintiff :	[15 Vour Phone Number]
	[15. Your Phone Number]
IAC Disjutiff Address 1	
[16. Plaintiff Address]	
[47 Oits Otata 7in O = 1-1	
[17. City, State Zip Code]	
[19 Dhone Number]	
[18. Phone Number]	

[Fill in the spaces next to the in	structions.]
SUPREME COURT OF THE STA COUNTY OF NASSAU	
	[Index No. & Year] , Index No.
[Fill in name(s)] Defendants/R	
STATE OF NEW YORK} SS. :} COUNTY OF [Insert County where papers sig	··
I,	[Insert Your Name] , being duly sworn,
	nt in this matter. I have read the foregoing Answer and
know the contents thereof. The s	same are true to my knowledge, except as to matters
therein stated to be alleged on in them to be true	formation and belief and as to those matters I believe
	[SIGN YOUR NAME BEFORE NOTARY]
Sworn to before me this day of, 20	[PRINT YOUR NAME]
Notary Public [Verification must be notarized]	- I

COUNTY OF NASSAU	THE STATE OF NEW YORK	
Fill in name(s)]	Plaintiff(s)	[Index No. & Year] Index No.
-against-		
[31. Fill in name(s)]		
	[Insert name(s) of papers submi	tted]
	[YOUR SIGNATURE]	
	[PRINT YOUR NAME]	
	[YOUR ADDRESS]	
_	[CITY, STATE ZIP CODE]	
_	[YOUR PHONE NUMBER]	