

**[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

\_\_\_\_\_,  
**[3. Fill in name(s)]** Defendant(s)

-----X

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 defendant.]**

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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]**

To the Plaintiff :

\_\_\_\_\_  
**[15. Your Phone Number]**

\_\_\_\_\_  
**[16. Plaintiff Address]**

\_\_\_\_\_  
**[17. City, State Zip Code]**

\_\_\_\_\_  
**[18. Phone Number]**

**[Fill in the spaces next to the instructions.]**

SUPREME COURT OF THE STATE OF NEW YORK  
COUNTY OF NASSAU

-----X

\_\_\_\_\_,  
**[ Fill in name(s) ]** Plaintiffs/Petitioner(s)

-against-

\_\_\_\_\_,  
**[ Fill in name(s) ]** Defendants/Respondent(s)

-----X

STATE OF NEW YORK }  
  SS. : }  
COUNTY OF \_\_\_\_\_ }  
**[Insert County where papers signed and notarized]**

I, \_\_\_\_\_ **[ Insert Your Name ]**, being duly sworn,  
deposes and says: I am Defendant in this matter. I have read the foregoing Answer and  
know the contents thereof. The same are true to my knowledge, except as to matters  
therein stated to be alleged on information and belief and as to those matters I believe  
them to be true

\_\_\_\_\_  
**[SIGN YOUR NAME BEFORE NOTARY]**

\_\_\_\_\_  
**[ PRINT YOUR NAME ]**

Sworn to before me this  
day of \_\_\_\_\_, 20 \_\_

\_\_\_\_\_  
Notary Public  
**[Verification must be notarized]**

**[ Index No. & Year ]**  
Index No.

\_\_\_\_\_ / \_\_\_\_\_  
VERIFICATION

SUPREME COURT OF THE STATE OF NEW YORK  
COUNTY OF NASSAU

-----X

\_\_\_\_\_,  
[30. Fill in name(s)]

Plaintiff(s)

[29. Index No. & Year]  
Index No.

\_\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_

-against-

\_\_\_\_\_,  
[31. Fill in name(s)]

Defendant(s)

-----X

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
[32. Insert name(s) of papers submitted]

\_\_\_\_\_  
[33. YOUR SIGNATURE]

\_\_\_\_\_  
[34. PRINT YOUR NAME]

\_\_\_\_\_  
[35. YOUR ADDRESS]

\_\_\_\_\_  
[36. CITY, STATE ZIP CODE]

\_\_\_\_\_  
[37. YOUR PHONE NUMBER]