County County	
County Court County, Colorado Court Address:	
Plaintiff(s):	
v.	
Defendant(s):	▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address):	Case Number:
Attorney of Party Without Attorney (Name and Address).	Case Number.
Phone Number: E-mail:	
FAX Number: Atty. Reg. #:  ANSWER UNDER SIMPLIFIED CIVI	Division Courtroom
(including counterclaim(s) and/or	
	• • •
he Defendant(s)bllows:	(name), answer(s) the complaint as
The amount of damages claimed to be due to the Plaintiff(s) by the for the following reasons:	complaint in this action is not due and owing
for the following foddene.	
OR	
the Plaintiff(s) is/are not entitled to possession of the property possession for the following reasons:	and Defendant(s) is/are entitled to retain
possession for the following reasons.	
OP	
OR	
the injunctive relief requested by the Plaintiff(s) should not be allow	ved for the following reasons:
.  (If applicable) the Defendant(s),	, assert(s) the following
counterclaim(s) or setoff(s) against the Plaintiff(s)	

3.	☐(If applicable) the Defendant(s)		, assert(s) the following
	cross claim(s) against		, named Defendant(s) (you are limited to the
	jurisdiction of the court):		
4.	The amount of the counterclaim <b>does</b> the jurisdiction of the court (County Court	not exceed the exceed the exceed the	d the jurisdiction of the court (County Court filing fee required). e jurisdiction of the court, but I wish to limit my recovery to
5.	The Defendant(s):  Request(s) a trial to the court.		
	unless the fee is waived by the Court.	a jury trial, t	the Defendant(s) understand(s) that a jury fee must be paid
BE	ARNING: ALL FEES ARE NON-REFUND DENIED PURSUANT TO LAW EVEN THE TEE: All Defendants filing this answer must	sign unless	s the answer is signed by an attorney.
Lda	oclare under penalty of periury under th		ICATION  colorado that the foregoing is true and correct.
Exe	ecuted on the day of (date) (month)	, <u></u>	, at (city or other location, and state OR country
(Pı	rinted name of Defendant(s)		Signature of Defendant(s)
Sig	nature of Attorney for Defendant(s) (if applicab	le)	
Add	dress(es) of Defendant(s):		
	one Number(s) of Defendant(s):		
	CER	TIFICAT	F OF SERVICE
PR	ertify that on (date) a tr	ue and acc	E OF SERVICE curate copy of this ANSWER UNDER SIMPLIFIED CIVIL the
	Hand Delivery □E-filed □Faxed to this nu il, postage pre-paid, and addressed to the		or □by placing it in the United States
			Defendant(s) or Attorney for Defendant(s) Signature