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| Denver District Court Denver County, Colorado Court Address: 1437 Bannock Street, Room 256 Denver, CO 80202 | |
| Plaintiff(s): _____ _____ v. Defendant(s): _____ _____ _____ | <div style="text-align: center; border-top: 1px solid black; border-bottom: 1px solid black;">▲ COURT USE ONLY ▲</div> Case Number: _____ <div style="display: flex; justify-content: space-between;"> Div.: _____ Ctrm: _____ </div> |
| My Name: _____ Street Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Email: _____ | |
| DISTRICT COURT ANSWER AND COUNTERCLAIM TO COMPLAINT | |

1. A Jury Trial?

Do you want a Jury? (*Check one*) ☐ - No ☐ - Yes (*fees apply*)

2. Response to Facts in the Complaint

For each paragraph in the Complaint, state if the facts are:

True | False | I Don't Know

Attach additional pages as needed.

1) _____

- 2) _____

- 3) _____

- 4) _____

- 5) _____

- 6) _____

- 7) _____

8) _____

9) _____

10) _____

11) _____

12) _____

13) _____

14) _____

15) _____

3. Affirmative Defense

I should not be held (as) responsible because: *(check all that apply)*

For Contracts

☐ We agreed to end the contract. *Accord and Satisfaction.*

☐ I only entered the contract because of a threat of harm. *Duress.*

☐ I acted after relying on misleading information by the Plaintiff. *Estoppel.*

☐ Other: _____.

For Injuries

- ☐ The Plaintiff understood there was a high risk of injury. *Assumption of the Risk.*
- ☐ The Plaintiff's own mistakes contributed to their injury. *Contributory Negligence.*
- ☐ The Plaintiff didn't act to reduce the damage after injury. *Failure to Mitigate.*
- ☐ Other: _____.

For Any Type of Claim

- ☐ This debt has been resolved in a Bankruptcy.
- ☐ This matter has been decided by another case. *Res Judicata | Collateral Estoppel.*
- ☐ It is too late to start the case. *Statute of Limitations | Laches.*
- ☐ Other: _____.

4. Counterclaims?

Will you be bringing claims against the Plaintiff? *(Check one)*

☐ - No

☐ - Yes *(extra fee)*

- See next page for counterclaim.
- The document contains my grounds for the suit.
- It also contains the facts that establish those grounds.

5. Counterclaim Defendant Information

The contact information for the people responding to the lawsuit is:

Registered Agent - The person that will accept legal documents for a company.

Find a company's Registered Agent at www.sos.state.co.us

- Counterclaim Defendant 1 Name: _____
- Registered Agent: *(if a company)* _____
- Street Address: _____
- City/State/Zip: _____

6. Grounds

List the legal ground(s) that allow you to make a counterclaim.

These are often called the Claims for Relief or Causes of Action.

- Counter Claim 1 - _____
Against whom? *(Check one)*
 - ☐ All Counterclaim Defendants. Or
 - ☐ Just These Counterclaim Defendant(s): _____.
- Counter Claim 2 - _____
Against whom? *(Check one)*
 - ☐ All Counterclaim Defendants. Or
 - ☐ Just These Counterclaim Defendant(s): _____.
- Counter Claim 3 - _____
Against whom? *(Check one)*
 - ☐ All Counterclaim Defendants. Or
 - ☐ Just These Counterclaim Defendant(s): _____.

- Counter Claim 4 - _____

Against whom? (*Check one*)

- ☐ All Counterclaim Defendants. Or
- ☐ Just These Counterclaim Defendant(s):_____.

7. Facts

These are the facts of my counter claim case:

The facts must qualify you for the legal grounds you are raising.

Attach additional pages as needed.

16) _____

17) _____

18) _____

19) _____

20) _____

21) _____

22) _____

23) _____

24) _____

25) _____

26) _____

27) _____

28) _____

29) _____

30) _____

8. Request for Relief

What do you want the Court to do?

9. Copies Delivered

I certify that on *(enter date)* _____, I *(check one)*

☐ mailed | ☐ hand delivered

a copy of this document to:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

10. Signature

I declare under penalty of perjury that this information is true and correct.

Respectfully submitted on *(dated)* _____, by

Print Name: _____ Signature: _____

You must make sure that the people filing the complaint against receives a copy of this document.