

KITSAP COUNTY DISTRICT COURT, STATE OF WASHINGTON

_____, Plaintiff(s), vs. _____, Defendant(s).	NO. APPEARANCE AND ANSWER
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I. This appearance and answer is made for the following defendant(s):

II. The defendant(s) answer the complaint as follows (check one and use additional sheets if necessary):

- (a) I (we) admit the entire claim.
- (b) I (we) deny the entire claim for the following reason(s):

(c) I (we) admit part and deny part, as follows:

(1) I (we) admit, as follows:

(2) I (we) deny, as follows:

III. All further pleadings and notifications in this matter should be sent to the following:

Name

Name

Mailing Address

Mailing Address

City State Zip

City State Zip

Phone Number

Phone Number

ALL DEFENDANTS ANSWERING SIGN AND PRINT NAMES:

Signature

Print Name

Signature

Print Name

Signature

Print Name