

\_\_\_\_\_  
Full Name of Party Filing Document

\_\_\_\_\_  
Mailing Address (Street or Post Office Box)

\_\_\_\_\_  
City, State and Zip Code

\_\_\_\_\_  
Telephone

IN THE DISTRICT COURT FOR THE SECOND JUDICIAL DISTRICT  
FOR THE STATE OF IDAHO, IN AND FOR THE COUNTY OF LATAH

\_\_\_\_\_,  
Plaintiff,  
vs.  
\_\_\_\_\_,  
Defendant.

Case No. \_\_\_\_\_

REPLY TO COUNTERCLAIM

Plaintiff, for his/her Reply to the Counterclaim filed by Defendant, states:

1. I completely agree with and admit the following paragraphs of the Counterclaim (list each paragraph number):

\_\_\_\_\_  
\_\_\_\_\_

2. I admit the portion of paragraph \_\_\_\_ of the Counterclaim, that states: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ and I deny everything else in that  
paragraph of the Counterclaim.

3. I admit the portion of paragraph \_\_\_\_ of the Counterclaim, that states: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ and I deny everything else in that paragraph of the Counterclaim.

4. I deny the following paragraphs of the Counterclaim because I do not have enough information to admit or deny them (list each paragraph number): \_\_\_\_\_

\_\_\_\_\_

5. I completely disagree with and deny everything I do not admit.

6.  I want the Complaint dismissed.

VERIFICATION: I swear I have read this Reply to Counterclaim and state that all facts included are true.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Plaintiff

SUBSCRIBED AND SWORN before me on this \_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Notary Public for Idaho

Residing at \_\_\_\_\_

Commission expires \_\_\_\_\_

CERTIFICATE OF SERVICE

I certify that on (date) \_\_\_\_\_ I served a copy to: (name all parties in the case other than yourself)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Street or Post Office Address)

\_\_\_\_\_  
(City, State, and Zip Code)

- By mail
- By fax (number) \_\_\_\_\_
- By personal delivery
- Overnight delivery/Fed Ex

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Street or Post Office Address)

\_\_\_\_\_  
(City, State, and Zip Code)

- By mail
- By fax (number) \_\_\_\_\_
- By personal delivery
- Overnight delivery/Fed Ex

\_\_\_\_\_  
Typed/printed name

\_\_\_\_\_  
Signature