
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(s),
vs.

Defendant(s).

Case No. _____

ANSWER TO COMPLAINT
FOR EVICTION
(EXPEDITED PROCEEDING)

Fee Category: I.4. _____
Filing Fee: \$ _____

(your name/s) _____, for his/her/their

Answer to the Complaint for Eviction, states:

1. I/we admit the following paragraphs (list each paragraph number):

_____.

2. I/we deny the following paragraphs (list each paragraph number):

_____.

3. I/we deny the following paragraphs because I/we do not have enough information to

admit or deny them (list each paragraph number): _____

4. I/we deny the portion of paragraph _____, that states: _____

and I/we admit the remaining portion of that paragraph.

5. I/we deny the portion of paragraph _____, that states: _____

and I/we admit the remaining portion of that paragraph.

6. I/we deny everything I/we did not admit.

DEFENSES

1. Plaintiff(s) knew at the time we entered into the rental agreement that the premises were uninhabitable.

2. I/we paid all of my/our rent.

3. A three-day notice was not served upon me/us as required by Idaho Code §§ 6-303 and 6-304.

4. The Complaint was filed and Summons issued before the end of the three-day notice period in which to pay rent or move.

5. The three-day notice fails to state the amount of rent owed.

6. I am being evicted in retaliation for requesting repairs.

7. I tried to pay rent before the time period of the three-day notice expired and the Plaintiff(s) refused my payment.

8. Other Defendant(s) request(s) the following relief:

1. The complaint be dismissed;

2. Defendant(s) be awarded costs.

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

Date: _____

Typed/printed name

Signature

STATE OF IDAHO)
) ss.
County of _____)

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)

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

(Street or Post Office Address)

(City, State, and Zip Code)

(Name)

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

(Street or Post Office Address)

(City, State, and Zip Code)

Typed or printed name

Signature