

**IN THE SMALL CLAIMS COURT OF VIRGINIA TOWNSHIP
IN AND FOR THE COUNTY OF STOREY, STATE OF NEVADA**

Name of Plaintiff(s)

Address:
City, State, ZIP:

Plaintiff's(s') Telephone Number:

versus

Name of Defendant(s)

Address:
City, State, ZIP:

Defendant's(s') Telephone Number:

Case No. _____

ANSWER OR COUNTERCLAIM

Comes now the Defendant above-named and files this ANSWER COUNTERCLAIM

1. I currently am a resident do business in am employed in Storey County.
2. I agree that I owe the amount of money claimed by the Plaintiff(s).
3. I do not agree that I owe the amount of money claimed by the Plaintiff(s), for the following reasons:

Check here if you need more space. Attach additional pages to this form and note "SMALL CLAIMS ANSWER" on top.

4. I claim offset or counterclaim in the sum of \$_____ for the following reasons:

Check here if you need more space. Attach additional pages to this form and note "SMALL CLAIMS ANSWER" on top.

6. I do not seek money judgment against Plaintiff, but only to defeat Plaintiff's claim, and therefore claim exemption from filing fees per NRS 4.060(1)(d)

7. I seek money judgment against Plaintiff and so tender a filing fee of \$13.00.

I am requesting a court-appointed interpreter because: I have a communications disability (deaf/blind, etc.) or

I am not fluent in English and I need an interpreter for the following language: _____

8. **In conjunction with the filing of the Answer I am this date mailing a copy of the ANSWER/COUNTERCLAIM to the Plaintiff at the following address:** _____

SUBSCRIBED AND SWORN to before me this ___ day of _____, 20____, Virginia City, Nevada.

By: DEPUTY CLERK/NOTARY

DEFENDANT'S SIGNATURE

NOTICE TO THE PARTIES: This Answer/Counterclaim is set for hearing at the same date and time as Plaintiff's Small Claim Case: _____, at _____ M.