

**IN THE JUSTICE COURT OF THE STATE OF MONTANA
 IN AND FOR THE COUNTY OF CARTER
 BEFORE KATHLEEN "KATHY" ROSENCRANZ, JUSTICE OF THE PEACE
 214 PARK STREET, EKALAKA, MT 59324
 OFFICE 406-775-8754 FAX 406-775-8755**

<u>AllPlaintiffStart AllPlaintiffName</u> <u>AllPlaintiffEnd</u> <p style="text-align: center;">Plaintiff(s)</p> vs	Case No. CaseNumber ANSWER
<u>AllCivilDefendantStart</u> <u>AllCivilDefendantName</u> <u>AllCivilDefendantEnd</u> <p style="text-align: center;">Defendant</p>	

COME(S) NOW, _____, the Defendant(s)
 named in the Complaint and answer(s) as follows:

DATED this ____ day of _____, 20__.

Defendant(s) Signature

Defendant(s) Attorney Signature

Address

Address

Phone No.

Phone No.

CERTIFICATE OF SERVICE

I hereby certify that a true and correct copy of the Answer was served upon the Plaintiff(s) or Plaintiff(s) attorney(s) by placing the same in the U.S. mails, postage fully paid thereon, addressed as follows:

Plaintiff(s) / Attorney's Address

Defendant's / Attorney's Signature

