

State of Minnesota

District Court

County of:	Judicial District: _____
	Court File Number: _____
	Case Type: _____

Plaintiff(s) (first, middle, last)

vs.

Defendant(s) (first, middle, last)

**Answer
or
Answer and Counterclaim**

Defendant denies everything in Plaintiff's Complaint, except as admitted, or otherwise answered.

1. **Deny.** All statements are untrue in paragraph numbers

2. **Admit.** All statements are true in paragraph numbers

3. **Partially True.** The information in the following paragraphs is partially true and partially false.

In these partially true paragraphs, I deny everything except the following statements, which are true:

4. **Insufficient Information.** I don't have enough information to know if the following paragraphs and/or statements are true:

5. I claim the following Affirmative Defense(s): (check only defenses that apply)

- | | |
|---|---|
| <input type="checkbox"/> Accord and satisfaction | <input type="checkbox"/> Injury by fellow servant |
| <input type="checkbox"/> Arbitration and award | <input type="checkbox"/> Laches |
| <input type="checkbox"/> Assumption of risk | <input type="checkbox"/> License |
| <input type="checkbox"/> Contributory negligence | <input type="checkbox"/> Payment |
| <input type="checkbox"/> Discharge in bankruptcy | <input type="checkbox"/> Release |
| <input type="checkbox"/> Duress | <input type="checkbox"/> Res judicata |
| <input type="checkbox"/> Estoppel | <input type="checkbox"/> Statute of frauds |
| <input type="checkbox"/> Failure of consideration | <input type="checkbox"/> Statute of limitations |
| <input type="checkbox"/> Fraud | <input type="checkbox"/> Waiver |
| <input type="checkbox"/> Illegality | <input type="checkbox"/> Other _____ |

Facts that support my affirmative defense(s):

6. Counterclaim: (check one)

- I have no Counterclaims.
- I make the following Counterclaims against Plaintiff arising from the same transactions described in the Plaintiff's Complaint.

4. There is no court order saying I cannot serve or file this form.
5. This form does not contain any "restricted identifiers" or confidential information as defined in Rule 11 of the General Rules of Practice (https://www.revisor.mn.gov/court_rules/gp/id/11/) or the Rules of Public Access to Records of the Judicial Branch (https://www.revisor.mn.gov/court_rules/rule/ra-toh/).
6. If I need to file "restricted identifiers," confidential information, or a confidential document, I will use Form 11.1 and/or Form 11.2, as required by Rule 11.

Dated: _____

Signature

Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____

E-mail address: _____

Attorney for: _____