eForm 3.12: *Appearance and Answer of Third Party Defendant(s)*

In the Iowa District Court for _____ County

Plaintiff(s) _____ (Name) _____ (Name) vs. Defendant(s)/Third Party Plaintiff(s) _____ (Name) _____ (Name) vs. Third Party Defendant(s) _____ (Name) _____ (Address) _____ (Name) _____ (Address)	**Appearance and Answer of Third Party Defendant(s)** Small Claim No. _____ If you need assistance to participate in court due to a disability, call the disability coordinator (information at www.iowacourts.gov/Representing_Yourself/ADAAccess). Persons who are hearing or speech impaired may call Relay Iowa TTY (1-800-735-2942). **Disability coordinators cannot provide legal advice.**

Check **only one** of the following:

- ○ The **claim is denied**. Parties will receive electronic notification through the Iowa Judicial Branch Electronic Document Management System (EDMS) of the hearing time and place.
- ○ The **claim is admitted.** Judgment may be entered.
- ○ The **claim is admitted in part in the amount** of $_____. Parties will receive electronic notification through the Iowa Judicial Branch Electronic Document Management System (EDMS) of the hearing time and place.

1. You must electronically file this Appearance and Answer using EDMS at https://www.iowacourts.state.ia.us/EFile unless you obtain from the court an exemption from electronic filing requirements.

2. If you electronically file, EDMS will serve a copy of this Appearance and Answer on Plaintiff(s) or on the attorney(s) for Plaintiff(s). The Notice of Electronic Filing will indicate if Plaintiff(s) is (are) exempt from electronic filing, and if you must mail a copy of your Appearance and Answer to Plaintiff(s).

3. You may download this form online at https://iowacourts.state.ia.us/Efile. Unless the court has granted you an exemption from electronic filing, you must scan and electronically file this Answer and Appearance form, or fill out and electronically file the online form, in accordance with Chapter 16 Rules Pertaining to the Use of the Electronic Document Management System.

/s/_____ Filing Third Party or Attorney	/s/_____ Second Third Party, if applicable
_____ Law firm, or entity for which filing is made, if applicable	_____ Law firm, or entity for which filing is made, if applicable

Mailing address	Mailing address
Telephone number	Telephone number
Email address	Email address
Additional email address, if applicable	Additional email address, if applicable