

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 at _____. 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**. The clerk of court will notify the parties of the hearing time and place.

The **claim is admitted**. Judgment may be entered.

The **claim is admitted in part in the amount** of \$ _____. The clerk of court will notify the parties of the hearing time and place.

Note: You must file this original Appearance and Answer with the clerk of court and mail a copy to all parties or their attorneys.

Third Party Defendant's signature

Printed name

Mailing address

Phone #

Email address

Third Party Defendant's signature

Printed name

Mailing address

Phone #

Email address