

In the Iowa District Court for _____ County

Plaintiff(s)	Appearance and Answer of Defendant(s)
_____ (Name)	
_____ (Name)	Small Claim No. _____
vs.	
Defendant(s)	
_____ (Name)	
_____ (Name)	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 Plaintiff(s) or the attorney for Plaintiff(s) whose name and address appear on the Original Notice and Petition.

Defendant's signature

Defendant's signature

Printed name

Printed name

Mailing address

Mailing address

Phone #

Phone #

Email address

Email address