

ANSWER AND AFFIRMATIVE RELIEF – FORM

\_\_\_\_\_ Court Of \_\_\_\_\_, Arkansas

\_\_\_\_\_, Plaintiff

vs. No. \_\_\_\_\_

\_\_\_\_\_, Defendant

Defendant's Address:

\_\_\_\_\_  
Reasons for Denial of Plaintiff's Claim:

\_\_\_\_\_  
Affirmative Defenses:

\_\_\_\_\_  
Nature and Amount of Affirmative Relief Sought:

\_\_\_\_\_  
Date Affirmative Claim Arose:

\_\_\_\_\_  
Factual Basis of Affirmative Claim:

\_\_\_\_\_  
Names and Addresses of Other Persons Needed for Determination of  
Affirmative Claim:

\_\_\_\_\_  
Defendant's Attorney, if any, and Address:

\_\_\_\_\_  
[Signature of Attorney, if any, or of Defendant]

CERTIFICATE OF SERVICE

The undersigned hereby certifies that a true and correct copy of the foregoing answer was served on [plaintiff or attorney for plaintiff, as appropriate] on the \_\_\_\_\_ date of \_\_\_\_\_, 2 \_\_\_\_, by [state method of service used, e.g., hand delivery, mail, commercial delivery service].

\_\_\_\_\_  
[Signature of Defendant or Defendant's Attorney]