

## INSTRUCTIONS AND FORM ON RESPONDING AFFIDAVIT

Please note that court staff cannot provide you with legal advice or assist you in completing these forms. The use of these forms does not guarantee you will be successful in court. It is highly encouraged that you speak with an attorney if you are needing assistance. If you have specific questions regarding the forms, you may contact the legal form helpline at 1-855-784-0004 or email UJS staff at [ujssrlhelp@ujs.state.sd.us](mailto:ujssrlhelp@ujs.state.sd.us). Additionally, for more information on South Dakota laws, you can also visit the South Dakota Legislature website.

### **Complete this form by:**

- Complete the caption by filling in the county name, judicial circuit number, Plaintiff and Defendant name, and file number. All of this can be found on any previous filing completed in your case.
  - You can also contact the Clerk of Court, legal help line, or email UJS staff for this information.
- Number 1: Enter your name.
- Number 2: Circle whether you are the Plaintiff or Defendant.
- Number 3: List all of the documents that you received from the opposing party and enter the date they were signed.
  - The name of the document can be found in the caption.
- Number 5: List any allegation you agree with in the document you received.
- Number 6: List any allegation you disagree with in the document you received.
- Number 7: State if you are requesting the Court to do anything.
- Sign and date in front of a notary or Clerk of Court.
- File the original with the Clerk of Court. Retain a copy for yourself.
- Mail a copy to the opposing party.
- Complete an Affidavit of Service by Mail (UJS-338) and file with the Clerk of Court.

STATE OF SOUTH DAKOTA

IN CIRCUIT COURT

COUNTY OF \_\_\_\_\_

\_\_\_\_\_ JUDICIAL CIRCUIT

<p>_____</p> <p>Plaintiff</p> <p>v.</p> <p>_____</p> <p>Defendant</p>	<p>Case No.: _____</p> <p style="text-align: center;"><b>RESPONDING AFFIDAVIT</b></p>
---	---

1. I, \_\_\_\_\_ hereby swear under oath and under penalty of law that the following is true:

2. I am the above-named **Plaintiff / Defendant** (*circle one*) in the above-entitled action.

3. I have received the following documents:

\_\_\_\_\_  
\_\_\_\_\_.

Dated: \_\_\_\_\_

4. I submit this Responding Affidavit in response to those documents.

5. I agree with the following allegations made by the other party and for the following reasons: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

6. I disagree with the following allegations made by the other party for the following reasons: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

7. I request that the Court:

\_\_\_\_\_  
\_\_\_\_\_.

8. I request that a hearing be held to hear the parties and present evidence regarding these issues.

Dated this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
**Plaintiff / Defendant** Signature (circle one)

\_\_\_\_\_  
**Plaintiff / Defendant** Name (circle one)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Phone Number

Sworn/affirmed before me this \_\_\_\_ day  
of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary/Deputy Clerk/Clerk of Court

My Commission Expires:\_\_\_\_\_