

<p>_____ Plaintiff</p> <p>vs</p> <p>_____ Defendant</p>	<p>FILE NO: _____</p> <p style="text-align: center;"><b>RESPONDING AFFIDAVIT</b></p>
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1. I, \_\_\_\_\_, (insert legal name) hereby swear under oath and under penalty of law that the following is true:
2. I am the above-names Plaintiff / Defendant (circle one) in the above-entitled action.
3. I have received the Plaintiff's / Defendant's (circle one) Motion and Affidavit, dated \_\_\_\_\_ (insert the date they were signed).
4. I submit this Responding Affidavit in response to that Motion & Affidavit.
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 \_\_\_\_.

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

\_\_\_\_\_  
Signature (Date & sign in front of Notary /Clerk)

Notary Public/Clerk of Court  
If Notary, may commission expires:

Name (Print): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
(SEAL)

City/State/Zip: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_