

TENANT(S)/DEFENDANT(S) CHECKLIST, INSTRUCTIONS AND FORMS FOR EVICTION

These form references specific South Dakota Codified Laws (SDCL), and you can find these laws on the South Dakota Legislature website. If you have any legal questions, it is highly recommended that you consult with an attorney. Court staff are unable to provide you with legal advice or assist you in completing this form. For specific questions related to the forms, you can contact the Legal Form Helpline at 1-855-784-0004 or email UJS staff at ujssrlhelp@uds.state.sd.us.

Important Notice:

An Answer to a Summons and Complaint for Eviction must be filed with the Clerk of Court and provided to the Plaintiff/Landlord within 5 days of being served.

ANSWERING THE SUMMONS AND COMPLAINT

- ☐ Complete a Case Filing Statement (UJS-232).
- ☐ Complete the Answer for Eviction (UJS-119).
- ☐ File the Answer (UJS-119) with the Clerk of Court and pay the \$25 filing fee.
- ☐ Serve the landlord with a copy of the Answer for Eviction (UJS-119) within 5 days of being served. (*Service does not include weekends or holidays*)
- ☐ Complete an Affidavit of Mailing (UJS-115) and file with the Clerk of Court.
- ☐ Attend the hearing on the date and time scheduled by the court.

CASE FILING STATEMENT – Information Only; Not Retained in Case Records

Provide the Case File No. for the record you are filing into or the Case Type if initiating a new action: _____

*A list of case types and party roles can be found here: <https://ujs.sd.gov/Attorneys/FormsDocumentation.aspx>

Social Security Numbers (not Driver's License Numbers) must be provided for divorce, child support, & paternity cases, 42 USC 666(a)(13)(B). All filers are **required** to provide the SSN **or** DL# for each of **their** participants regardless of the case type.
Business entities must provide the EIN number in lieu of SSN or DL#.

INFORMATION FOR PLAINTIFF/PETITIONER/APPLICANT:

_____ Last/Business Name	_____ First Name	_____ Middle	_____ Suffix	
_____ Physical Address <input type="checkbox"/> Check if Same as Mailing	_____ City	_____ State	_____ Zip	
_____ Mailing Address	_____ City	_____ State	_____ Zip	
_____ Home	_____ Work	_____ Cell		
_____ Social Security No.	_____ Date of Birth	_____ Driver's License No.	_____ State	_____ Employer ID (Business)
Attorney:				
_____ Last Name	_____ First Name	_____ State Bar ID No.		
_____ Mailing Address	_____ City	_____ State	_____ Zip	
_____ Phone				

INFORMATION FOR DEFENDANT/RESPONDENT/MINOR/DECEDENT/PERSON IN NEED OF PROTECTION:

_____ Last/Business Name	_____ First Name	_____ Middle	_____ Suffix	
_____ Physical Address <input type="checkbox"/> Check if Same as Mailing	_____ City	_____ State	_____ Zip	
_____ Mailing Address	_____ City	_____ State	_____ Zip	
_____ Home	_____ Work	_____ Cell		
_____ Social Security No.	_____ Date of Birth	_____ Date of Death	_____ Driver's License No.	_____ State
		_____ Employer ID (Business)		
Attorney:				
_____ Last Name	_____ First Name	_____ State Bar ID No.		
_____ Mailing Address	_____ City	_____ State	_____ Zip	
_____ Phone				

INSTRUCTIONS ON ANSWER FOR EVICTION

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IMPORTANT NOTICES

Once you have completed the form, you will have 5 days, not counting the day served, to file and serve a copy of your Answer.

A filing fee of \$25 will be required at the time you file the Answer with the Clerk of Court. You may be eligible to waive the filing fee if approved by the court. A waiver of filing fee can be found here: <https://ujslawhelp.sd.gov/WaiverofFees.aspx>

If you are served with a Summons and Complaint for Eviction, you can file and serve an Answer to have the matter heard before a judge. Follow the steps below to complete the form.

- ☐ Complete the caption.
- ☐ Paragraph 1 you will state what, if anything, you agree with in the complaint.
- ☐ Paragraph 2 you will state what, if anything, you disagree with in the complaint.
- ☐ Paragraph 3 you will state what, if anything, you partially agree or disagree with.
- ☐ Paragraph 4 you will state if there is anything you don't have enough information on in the complaint to respond to.
- ☐ Sign and date.

STATE OF SOUTH DAKOTA

IN CIRCUIT COURT

COUNTY OF _____

_____ JUDICIAL CIRCUIT

<p>_____ Plaintiff/Landlord</p> <p>v.</p> <p>_____ Defendant/Tenant(s)</p>	<p>Case No.: _____</p> <p>ANSWER (FOR EVICTION)</p>
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COMES NOW, the above-named Defendant/Tenant(s) and answers the Verified Complaint (For Eviction) as follows:

1. I **AGREE** with the following statements in the complaint:

2. I **DISAGREE** with the following statements in the complaint:

3. I either **PARTIALLY** Agree or Disagree with the following statements in the complaint:

4. **I DO NOT HAVE ENOUGH INFORMATION** to either agree or disagree with the following statements in the complaint:

Dated this _____ date of _____, 20_____.

Defendant/Tenant's signature

Defendant/Tenant's Printed Name

Street Address

City, State, Zip

Telephone Number

INSTRUCTIONS ON AFFIDAVIT OF MAILING ANSWER FOR EVICTION

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To complete this form, you will need to:

- ☐ Complete the caption.
- ☐ Fill in the remainder of the form on the lines provided.
- ☐ Sign and date once in front of a Clerk or notary.
- ☐ File with the Clerk of Court.
- ☐ Mail a copy to the Plaintiff/Landlord.

STATE OF SOUTH DAKOTA

IN CIRCUIT COURT

COUNTY OF _____

_____ JUDICIAL CIRCUIT

<div>_____ Plaintiff/Landlord</div> <div>v.</div> <div>_____ Defendant/Tenant(s)</div>	<div>Case No.: _____</div> <div>AFFIDAVIT OF MAILING ANSWER (FOR EVICTION)</div>
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I, _____, the above-named Defendant/Tenant(s),
(your name)
being sworn, state that on _____, I served the Answer on the
(date)
Plaintiff/Landlord by placing a true and correct copy of the document in an envelope
addressed to the above-named Plaintiff/Landlord at this address:

(Street Address)

(City, State, Zip Code)

and depositing the envelope, with sufficient postage, in the United States Mail in:

_____, _____.
(City) (State)

Dated this _____ day of _____, 20_____.

Defendant/Tenant's Signature

Sworn/affirmed before me this _____ day of _____, 20_____.

Defendant/Tenant's Printed Name

Defendant/Tenant's Mailing Address

Notary/Deputy Clerk/Clerk of Court

City, State & Zip Code

My Commission Expires: _____

Defendant/Tenant's Phone Number