



Superior Court of the District of Columbia
CIVIL DIVISION

Check One:

Civil Actions Branch
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Telephone: (202) 879-4879

Small Claims & Conciliation Branch
510 4th Street, N.W.
Room 119
Washington, D.C. 20001
Telephone: (202) 879-1120

Plaintiff

v.

CASE NUMBER: _____

Defendant

ANSWER OF DEFENDANT

The defendant answers the claim(s) of plaintiff(s) as follows:

Four horizontal lines for providing the answer to the claim(s).

SIGNATURE AND ADDRESS OF PARTY/ATTORNEY

Signature

Date

Printed Name and Bar Number (if applicable)

Street Address

Email Address and Phone Number

City, State, Zip

CERTIFICATE OF SERVICE

I hereby certify that on _____ (date), that a copy of this Answer was sent in the manner indicated to the party/parties in this case or their attorney(s) as listed below:

E-served on or Mailed to (check one)

Name

Name

Street Address

Street Address

City, State, Zip

City, State, Zip

Email Address and Phone Number

Email Address and Phone Number