



CAO Online Form Review Checklist

RESPOND TO A CIVIL COLLECTIONS COMPLAINT

① Complete ALL of these forms:

- Civil Case Cover Sheet
- Answer Form

Filing Fee \$136

NOTICE! YOU ARE REQUIRED TO:

Scan your completed forms into PDF form and email them to the CAO Officer for for a form review. If you do not have a scanner, you can use your smart phone by downloading a Free Scanning App. A Scanning App will PDF forms. The court needs PDF forms, you are not able to submit photos.



As the forms for each step are complete you must request an **Online Form Review**.
(A total of three online form reviews are needed)
Please **SCAN** and **EMAIL** the forms for each of the three steps as you complete them to:

cao@bannockcounty.us

*The Court Assistance Office
assigned to your form review is:*

208-236-7067
cao@bannockcounty.us

All CAO forms are available online for FREE
at:

<https://courtsselfhelp.idaho.gov>

OR you may request them FREE by email at:
cao@bannockcounty.us

OR you may purchase them pre-printed at the courthouse for a fee of \$20-\$30.

CAO Cv INSTRUCTION 3-5 REPLY TO COUNTERCLAIM

Talk to an attorney, if possible.

WARNING: These instructions are not a substitute for legal advice. The laws and court rules are complex and following these instructions will not guarantee you a favorable result. We always recommend you talk to a lawyer about your problem before filing your paperwork. If you cannot afford to hire an attorney to represent you, you may be able to pay a lawyer to give you advice and review your paperwork for a lesser cost. Contact the Idaho State Bar Lawyer Referral Service (208-334-4500) for the name of an attorney in your area who will provide an initial half-hour consultation for \$35. Contact the Court Assistance Office for information about resources for low-income people, or visit the Idaho Supreme Court's Self-Help Center at <http://www.courtselfhelp.idaho.gov/>.

You will be signing a sworn statement that you have read the complaint, know what it says, and believe it's true. To guarantee the truthfulness of that statement, be sure to read the entire completed form.

Instructions.

Fill in the forms by typing or by printing neatly and legibly in black ink. If you are working on a computer, you may delete the optional sections you don't need and renumber the remaining sections, or type in "none" if a section doesn't apply. The documents have a boldface "or" at the start of optional sections. If the section does not contain a boldface "or" it is necessary and you should type in the appropriate information (which might be the word "none"). Always keep a copy of the completed form for your records.

At the top left-hand corner of page 1, fill in your legal name, current mailing address and telephone number.

The Court Heading. Fill in the county and judicial district in the heading in capital letters (for example, "IN THE DISTRICT COURT OF THE SIXTH JUDICIAL DISTRICT IN AND FOR THE COUNTY OF BANNOCK") as they appear on the Complaint.

The Caption. Fill in your full legal name in the caption above "Plaintiff", and fill in your spouse's full legal name above "Defendant", exactly as they appear on the Complaint.

The Case No. Write in the case number shown on the Complaint.

The **Court Heading**, **Caption** and **Case Number** will be the same on all documents you prepare for this case.

Review the Counterclaim carefully. You must admit or deny each paragraph in the Counterclaim individually. If you can only admit some of the facts in any paragraph, you must state specifically which facts you admit and which facts you deny.

Paragraph 1: Decide the numbered Counterclaim paragraphs you completely agree with. Fill in those paragraph numbers, letters, or Roman numerals (as used in the Counterclaim). If you can only admit some of the facts in any numbered paragraph, you must use paragraphs 2 and 3.

Paragraphs 2 & 3: If you disagree with only a portion of a paragraph in the Counterclaim, state the paragraph number, letter or Roman numeral (as used in the Counterclaim) plus specifically what you admit.

Paragraph 4: Decide the paragraphs of the complaint you don't have enough information to answer. Fill in those paragraph numbers, letters, or roman numerals (as used in the Counterclaim). If the information is something you can easily find out, you should try to find out before you deny it.

Paragraph 5 is a general denial of any statements made in the Counterclaim that you did not specifically admit.

Paragraph 6 gives you the option of asking that the Counterclaim be dismissed. Check the box if that is what you want.

There is a prayer portion of the Counterclaim that you do not have to specifically reply to. It usually starts with "Wherefore Defendant prays for judgment as follows:" You do not have to reply to any of the numbered paragraphs in the prayer of the Counterclaim.

Signature: Sign and date certifying that the information in the document is true and accurate, subject to the penalty perjury if it is not.

Certificate of Service

You are required to deliver a copy of any document you file in this case to the other party (or her/his attorney if s/he is represented by an attorney). Because the other party has already "appeared" in the case by filing the Counterclaim, you can serve him/her your response by mailing, hand-delivery or fax.

- Fill in the name and address for the other party (or his/her attorney) exactly as it appears in the upper left corner of page one of the Counterclaim. If you are going to serve the Reply to Counterclaim by fax or personal delivery, write in the address you will use.
- Check the box to indicate how you are getting a copy to the other party (or his/her attorney).
- Fill in the date and sign the Certificate of Service.

NOTE: A copy of every document you file with the court in this case must be sent to the other party, either directly or through the attorney if s/he has an attorney.

Make your copies.

File your Reply to Counterclaim. Take the original (the one you signed) and your copy to the court clerk. The original will be kept in the court's file and you can ask that the clerk "conform" or stamp your copy.

CONFIDENTIAL Case Information Sheet

Fill out this form to start a **General Civil Law** case.

The information you give us is **private**.

Case Number (Clerk fills in case #):

Exempt from Public Disclosure

DO NOT SERVE THIS DOCUMENT ON OTHER PARTIES

Complete this form for each of the parties for whom you are submitting this initial pleading. It is not necessary to provide information about other parties.

The personal identifiers collected by the Court below are collected for the purpose of ensuring that the Court's party records are accurate and to better differentiate individuals or businesses with common names. It will be used for this purpose alone and will not be disclosed to the public including the parties in the subject lawsuit.

Information about Party

Name:
First Middle Last

Legal name of business entity:

Any other names used:

Address:
Street City State Zip

Mailing Address (if different):

Phone numbers: Home Work Cell

Email:

Driver's License: State Number Date of Birth:

If the accompanying pleading is filed on behalf of more than one party, provide information regarding those additional parties below.

Information about Party

Name:
First Middle Last

Legal name of business entity:

Any other names used:

Address:
Street City State Zip

Mailing address (if different):

Phone numbers: Home Work Cell

Email:

Driver's License: State Number Date of Birth:

COMPLETE INFORMATION FOR ADDITIONAL PARTIES ON ADDITIONAL PAGE(S) IF NECESSARY

Full Name of Party Filing Document

Mailing Address (Street or Post Office Box)

City, State and Zip Code

Telephone

Email Address (if any)

IN THE DISTRICT COURT FOR THE _____ JUDICIAL DISTRICT
FOR THE STATE OF IDAHO, IN AND FOR THE COUNTY OF _____

Plaintiff,

vs.

Defendant

Case No. _____

ANSWER

Fee Category: _____

Filing Fee: \$ _____

(Your name) _____, for his/her Answer to the

states:

1. I completely agree with and admit the following paragraphs (list each paragraph
number): _____

2. I admit the portion of paragraph _____, that states: _____

_____ and I deny everything else in that paragraph.

3. I admit the portion of paragraph _____, that states: _____

_____ and I deny everything else in that paragraph.

4. I deny the following paragraphs because I do not have enough information to admit or deny them (list each paragraph number): _____

5. I completely disagree with and deny everything I do not admit.

6. I want the Complaint dismissed.

AFFIRMATIVE DEFENSE(S)

(State each affirmative defense that applies in a separate paragraph – see I.R.C.P. 8(c))

I have read this Answer and state that all facts included are true.

I ask the Court to enter any order requested above.

CERTIFICATION UNDER PENALTY OF PERJURY

I certify under penalty of perjury pursuant to the law of the State of Idaho that the foregoing is true and correct.

Date: _____

Typed/printed

Signature

CERTIFICATE OF SERVICE

I certify that on (date) _____ I served a copy to: (name all parties in the case other than yourself)

(Name)

(Street or Post Office Address)

(City, State, and Zip Code)

- By mail
- By fax (number) _____
- By personal delivery

(Name)

(Street or Post Office Address)

(City, State, and Zip Code)

- By mail
- By fax (number) _____
- By personal delivery

Typed/printed name

Signature

Full Name of Party Filing Document

Mailing Address (Street or Post Office Box)

City, State and Zip Code

Telephone

Email Address (if any)

IN THE DISTRICT COURT FOR THE _____ JUDICIAL DISTRICT
FOR THE STATE OF IDAHO, IN AND FOR THE COUNTY OF _____

_____,
Plaintiff,
vs.
_____,
Defendant.

Case No. _____

NOTICE OF APPEARANCE

Fee Category: I. _____

Filing Fee: \$ _____

TO: CLERK OF THE ABOVE DISTRICT COURT

I represent myself. All pleadings, motions, notices, or other papers should be served on me. I certify I served a copy:

To Other Party/Attorney

(Name)

(Street or Post Office Address)

(City, State, and Zip Code)

- By mail
- By fax (number) _____
- By personal delivery
- Overnight delivery/Fed Ex

Date: _____

Signature

Typed/printed name

CAO Online Form Review

COVER SHEET



Please select the type of form review you are submitting:

- | | |
|--|--|
| <input type="checkbox"/> Divorce NO Minor Children | <input type="checkbox"/> Mandatory Child Support Disclosures |
| <input type="checkbox"/> Divorce WITH Minor Children | <input type="checkbox"/> Eviction |
| <input type="checkbox"/> Custody, Paternity, & Child Support | <input type="checkbox"/> Forcible Detainer |
| <input type="checkbox"/> Modification of Custody & Child Support | <input type="checkbox"/> Name Change- ADULT |
| <input type="checkbox"/> Family Case Response | <input type="checkbox"/> Name Change- MINOR |
| <input type="checkbox"/> Family Case Response & Counterclaim | <input type="checkbox"/> Civil Case Answer |
| | <input type="checkbox"/> _____ |
| | <input type="checkbox"/> _____ |

I understand these forms will be scanned into electronic format and emailed to the Bannock County Court Assistance Officer who will perform a form review and respond to me directly within 48 hours.

The Court Assistance Office assigned to my form review is: **208-236-7067**
cao@bannockcounty.us

The Court Assistance Officer does not represent parties or any of their interests. While confidentiality practices concerning anything discussed are utilized, it is not guaranteed. The Court Assistance Officer may provide services to the opposing party/ies (other person/s involved in the same case). The Court Assistance Officer can only give information; not interpretations of laws or strategies for any case. If seeking representation, a confidential consultation, or legal advice, you will have to consult with a private attorney.

NAME

INITIAL

DATE

EMAIL

PHONE

STOP

**FORMS MUST BE
APPROVED BY CAO PRIOR
TO FILING.**

Email

cao@bannockcounty.us

OR Call 208-236-7067