

Your Name: _____
Address: _____
City, State, Zip _____
Telephone: _____
Email Address: _____
Self-Represented Plaintiff

DISTRICT COURT
_____ **COUNTY, NEVADA**

_____	CASE NO.: _____
Plaintiff,	DEPT: _____
vs.	

Defendant.	

REPLY TO COUNTERCLAIM

Plaintiff (*your name*) _____ respectfully states:

1. Plaintiff admits the following allegations: (*write the paragraph numbers from the Counterclaim you agree with*) _____.
2. Plaintiff denies the following allegations: (*write the paragraph numbers from the Counterclaim you disagree with*) _____.
3. Plaintiff is without sufficient knowledge to admit or deny the following allegations: (*write the paragraph numbers you are unsure about*) _____.

Plaintiff requests:

1. That the relief requested in the Counterclaim be denied to the extent indicated;
2. For such other relief as the Court finds to be just and proper.

DATED this (*day*) _____ day of (*month*) _____, 20____.

Submitted By: (*your signature*) ▶ _____
(*print your name*) _____