

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*) \_\_\_\_\_