



CIRCUIT COURT FOR _____, MARYLAND

City/County

Located at _____ Case No. _____

Court Address

Plaintiff vs. Defendant

Address Address

City, State, Zip Telephone City, State, Zip Telephone

ANSWER TO [] COMPLAINT [] PETITION [] MOTION (Md. Rule 2-323)

I, _____, state the following answers to the _____ filed against me: Name Name of complaint, petition, or motion

1. Paragraph No. 1 (check one):

- I admit the statement(s).
I deny the statement(s).
I deny all of the statement(s), except that I admit that

State the facts contained in this paragraph that you admit

- I do not have enough information to either admit or deny the statement(s).
There is no paragraph no. 1.

2. Paragraph No. 2 (check one):

- I admit the statement(s).
I deny the statement(s).
I deny all of the statement(s), except that I admit that

State the facts contained in this paragraph that you admit

- I do not have enough information to either admit or deny the statement(s).
There is no paragraph no. 2.

3. Paragraph No. 3 (check one):

- I admit the statement(s).
I deny the statement(s).
I deny all of the statement(s), except that I admit that

State the facts contained in this paragraph that you admit

- I do not have enough information to either admit or deny the statement(s).
There is no paragraph no. 3.

4. Paragraph No. 4 (check one):

- I admit the statement(s).
I deny the statement(s).
I deny all of the statement(s), except that I admit that

State the facts contained in this paragraph that you admit

- I do not have enough information to either admit or deny the statement(s).
There is no paragraph no. 4.

5. Paragraph No. 5 (**check one**):

- I admit the statement(s).
- I deny the statement(s).
- I deny all of the statement(s), **except** that I admit that

State the facts contained in this paragraph that you admit

- I do not have enough information to either admit or deny the statement(s).
- There is no paragraph no. 5.

6. Paragraph No. 6 (**check one**):

- I admit the statement(s).
- I deny the statement(s).
- I deny all of the statement(s), **except** that I admit that

State the facts contained in this paragraph that you admit

- I do not have enough information to either admit or deny the statement(s).
- There is no paragraph no. 6.

7. Paragraph No. 7 (**check one**):

- I admit the statement(s).
- I deny the statement(s).
- I deny all of the statement(s), **except** that I admit that

State the facts contained in this paragraph that you admit

- I do not have enough information to either admit or deny the statement(s).
- There is no paragraph no. 7.

8. Paragraph No. 8 (**check one**):

- I admit the statement(s).
- I deny the statement(s).
- I deny all of the statement(s), **except** that I admit that

State the facts contained in this paragraph that you admit

- I do not have enough information to either admit or deny the statement(s).
- There is no paragraph no. 8.

9. Paragraph No. 9 (**check one**):

- I admit the statement(s).
- I deny the statement(s).
- I deny all of the statement(s), **except** that I admit that

State the facts contained in this paragraph that you admit

- I do not have enough information to either admit or deny the statement(s).
- There is no paragraph no. 9.

10. Paragraph No. 10 (**check one**):

- I admit the statement(s).
- I deny the statement(s).
- I deny all of the statement(s), **except** that I admit that

State the facts contained in this paragraph that you admit

- I do not have enough information to either admit or deny the statement(s).
- There is no paragraph no. 10.

11. Paragraph No. 11 (**check one**):

- I admit the statement(s).
- I deny the statement(s).
- I deny all of the statement(s), **except** that I admit that

State the facts contained in this paragraph that you admit

- I do not have enough information to either admit or deny the statement(s).
- There is no paragraph no. 11.

12. Paragraph No. 12 (**check one**):

- I admit the statement(s).
- I deny the statement(s).
- I deny all of the statement(s), **except** that I admit that

State the facts contained in this paragraph that you admit

- I do not have enough information to either admit or deny the statement(s).
- There is no paragraph no. 12.

13. Paragraph No. 13 (**check one**):

- I admit the statement(s).
- I deny the statement(s).
- I deny all of the statement(s), **except** that I admit that

State the facts contained in this paragraph that you admit

- I do not have enough information to either admit or deny the statement(s).
- There is no paragraph no. 13.

14. Paragraph No. 14 (**check one**):

- I admit the statement(s).
- I deny the statement(s).
- I deny all of the statement(s), **except** that I admit that

State the facts contained in this paragraph that you admit

- I do not have enough information to either admit or deny the statement(s).
- There is no paragraph no. 14.

15. Paragraph No. 15 (**check one**):

- I admit the statement(s).
- I deny the statement(s).
- I deny all of the statement(s), **except** that I admit that

State the facts contained in this paragraph that you admit

- I do not have enough information to either admit or deny the statement(s).
- There is no paragraph no. 15.

16. In my defense to any of the statements made by the opposing party, I would like the court to consider the following facts: _____

FOR THESE REASONS, I request (**check all that apply**):

- Dismiss / Deny the complaint / petition / motion.
- Grant the relief requested in the complaint / petition / motion.
- Grant all of the relief requested in the complaint / petition / motion **except** dismiss / deny

State the relief requested by the opposing party that you do NOT want the court to grant.

- Order any other appropriate relief.

_____ Date

Signature

AFFIDAVIT

I solemnly affirm under the penalties of perjury that the contents of this document are true to the best of my knowledge, information, and belief.

_____ Date

Signature

_____ Printed Name

_____ Telephone Number

_____ Address

_____ Fax

_____ City, State, Zip

_____ E-mail

CERTIFICATE OF SERVICE

I certify that I served a copy of this Answer, and any attached documents, upon the following persons by

mailing first class mail, postage prepaid hand delivery, on _____ to: _____ Date

_____ Name

_____ Address

_____ Name

_____ City, State, Zip

_____ Address

_____ Date

_____ City, State, Zip

Signature of Party Serving