

STATE OF VERMONT
SUPERIOR COURT **CIVIL DIVISION**
Unit **Case No.** _____

| | |
|---------------------|---------------------|
| <i>Plaintiff(s)</i> | <i>Defendant(s)</i> |
| VS. | |

SMALL CLAIMS ANSWER

- ☐ **I AGREE** that I owe the Plaintiff the full amount claimed in the Complaint and the Court may enter judgment against me. (If unpaid after 30 days, interest on the unpaid principal will accrue at 12% per year).

If Judgment is entered against me:

- ☐ I agree to pay the full amount within 30 days.
- ☐ I request the Court issue an installment judgment of:
\$ _____ every _____ (time period), beginning on _____ (date).

- ☐ **I DISAGREE** that I owe Plaintiff the full amount claimed in the Complaint and request a court hearing. The reason I dispute the claim is as follows:

If you need more space, attach an additional sheet.

- ☐ Plaintiff and the Court should be aware that all or some of my income may be exempt from collection. I have attached a signed **Disclosure of Exempt Income** form. (Be sure you have checked one of the boxes above.)

COUNTERCLAIM

- ☐ **I HAVE A COUNTERCLAIM AGAINST PLAINTIFF** as follows: *(describe your claim below)*
(A counterclaim filing fee is due at the time of filing. If the amount of your counterclaim is \$500 or less, the filing fee is \$25.00. If your counterclaim is for more than \$500, the filing fee is \$35.00.)

If you need more space, attach an additional sheet.

Sign and Return this Answer to the Court, and Mail a Copy to the Plaintiff Within 30 Days of the Date of Service.

I hereby certify by signing below, I have mailed a photocopy of the Answer to Plaintiff.

Signature: _____ Name *(print or type)*: _____

Address: _____ Date: _____

Home/Cell Phone: _____ Work Phone: _____

E-Mail Address: _____