

JUSTICE OF THE PEACE COURT OF THE STATE OF DELAWARE
IN AND FOR _____ COUNTY
COURT NO. ____

COURT ADDRESS:

CIVIL ACTION NO: _____

PLAINTIFF (s)

VS.

DEFENDANT (S)

DEFENDANT'S ANSWER TO THE COMPLAINT

Check one:

<input type="checkbox"/>	I <u>ADMIT</u> that I owe the debt or claim in the Complaint and DO NOT want a trial. (This means that you agree to a judgment being entered against you for the amount claimed plus interest and costs. Any money owed should be paid directly to the Plaintiff. You will be giving up your right to a trial and will not have a right to appeal your decision to admit this debt or claim.)
<input type="checkbox"/>	I WANT A <u>TRIAL</u> <input type="checkbox"/> <u>DEBT ACTIONS ONLY</u> : In addition to a trial, I request that the Plaintiff provide me with a more detailed statement of the claim (Bill of Particulars).

☐ **Interpreter Requested**

Language Needed _____

DATED: _____

(Signature of Defendant)

(Defendant's Address/Phone No.)

(Defendant's Email address)

(Defendant's Attorney, if any)

(Attorney's Address/Phone No.)

(Attorney's Email Address)

If you are a corporation (or other artificial entity or public body):

- This Answer MUST be signed by an attorney or person designated by a Certificate of Representation (Form 50) for the corporation or entity prior to the filing of this Answer.
- Only an attorney or a person designated in a Form 50 may represent you in JP court.
- YOU MAY OBTAIN A FORM 50 and further information from the Court's website at <https://courts.delaware.gov/jpcourt>. (Click on Form 50) or, you may obtain a Form 50 from your nearest JP Civil Court.

Mail this completed form (Answer) to the Justice of the Peace Court at the address above as soon as possible. This signed document must be received by the Court within 15 days after the date you received it or a default judgment may be entered against you.

VIEW YOUR CASE ONLINE: <https://courtconnect.courts.delaware.gov>