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_____ COURT OF WASHINGTON
COUNTY OF _____

No.

ANSWER AND AFFIRMATIVE
DEFENSES

_____ ,

Plaintiff(s),

vs.

_____ ,

Defendant(s).

I. ANSWER

Defendant(s) answers the complaint as follows:

1. I admit the statements in paragraph numbers _____ except for the following statements: _____

2. I deny the statements in paragraph numbers _____ except for the following statements: _____

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3. I lack knowledge about the truth and so deny the statements in paragraph number(s) ____
_____.

II. AFFIRMATIVE DEFENSES

Defendant(s) other defenses are:

- General Denial: I deny the allegations in the Complaint
- Plaintiff lacks standing and does not have authority to bring this lawsuit.
- I am eligible for Charity Care for my hospital debt.
- I was on Washington Apple Health (Medicaid) at the time I received some or all of the medical services at issue in this lawsuit and the medical provider improperly billed me. *See* WAC 182-502-0160.
- I did not receive a copy of the Summons and Complaint.
- I received the Summons and Complaint, but service was not correct as required by law.
- I do not owe this debt.
- I am a victim of identity theft or mistaken identity. I am not responsible for this debt.
- I have paid all or part of the debt.
- I disagree with the amount of the debt. The amount is incorrect.
- Statute of Limitations (the time has passed to sue on this debt).
- This debt was discharged in bankruptcy.
- The collateral (property) was not sold at a commercially reasonable price.
- Unjust enrichment (the amount demanded is excessive compared with the original debt).
- Violation of the duty of good faith and fair dealing.
- Unconscionability (the contract is unfair).
- Laches (Plaintiff has excessively delayed in bringing this lawsuit to my disadvantage).
- Defendant is in the military.
- The Complaint fails to state a claim upon which relief can be granted.
- I lacked capacity to enter into a contract because I was under the age of 18 when the contract was created.

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- Someone else should have paid this debt (fault of nonparty).
- I did not receive the product or services I was billed for or the product or services were defective or unacceptable (failure of consideration).
- Other: _____

Defendant(s) request that the court dismiss this case and enter a judgment against the plaintiff(s) for any costs or attorney fees.

DATED this _____ day of _____, 20____.

(signature)
Name: _____
Address: _____
Telephone: _____