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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: _____

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

2 _____
3 _____
4 _____

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

6 **II. AFFIRMATIVE DEFENSES**

7 Defendant(s) other defenses are:

- 8 General Denial: I deny the allegations in the Complaint
- 9 Plaintiff lacks standing and does not have authority to bring this lawsuit.
- 10 Plaintiff is a "collection agency" or "debt buyer" who is prohibited from recovering
damages in excess of the principal balance of the alleged obligation for failure to comply
with the requirements of RCW 19.16.110., .250, and/or .260.
- 11 I am eligible for Charity Care for my hospital debt.
- 12 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.
- 13 I did not receive a copy of the Summons and Complaint.
- 14 I received the Summons and Complaint, but service was not correct as required by law.
- 15 I do not owe this debt.
- 16 I am a victim of identity theft or mistaken identity. I am not responsible for this debt.
- 17 I have paid all or part of the debt.
- 18 I disagree with the amount of the debt. The amount is incorrect.
- 19 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).

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- 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.
- 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: _____

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_____ COURT OF WASHINGTON
COUNTY OF _____

_____,
Plaintiff(s),

vs.

_____,
Defendant(s).

No. _____
NOTICE OF APPEARANCE

TO: _____, Attorney for Plaintiff
AND TO: Clerk of the Court

The undersigned enters an appearance in this action, and demands notice of all further proceedings. The Clerk of the Court and the opposing party will be informed of any change in address. Any notices may be sent to: _____

[You may list an address that is not your residential address where you agree to accept legal documents.]

Service Address:

Dated: _____
Signature of Defendant

Print or Type Name

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_____ COURT OF WASHINGTON
COUNTY OF _____

_____,
Plaintiff(s),

vs.

_____,
Defendant(s).

No. _____

CERTIFICATE OF SERVICE

CERTIFICATE OF SERVICE

I certify under penalty of perjury under the laws of the State of Washington that, on the date stated below, I did the following:

On the _____ day of _____, 20____, I [*strike out what doesn't apply*] mailed with delivery confirmation / hand delivered a true copy of the _____
_____ [*name of paper(s) served*] in the
above-entitled matter to _____ [*Name of Plaintiff or Plaintiff's Attorney*] at the following address: _____

Dated this ____ day of _____, 20____, in _____, _____ [*city and state*].

(Signature)