

**IN THE 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

Claim for Enforcement of Foreign Judgment

Check all that are appropriate:

A. _____ I admit 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.)

B. _____ I WANT A TRIAL. (Any trial will be limited to issues pertaining to the validity and enforcement of the foreign judgment. THIS IS NOT A TRIAL ON THE MERITS OF THE ORIGINAL CLAIM.)

_____ **DEBT ACTIONS ONLY:** In addition to a trial, I request that the Plaintiff provide me with a more detailed statement of the claim (Bill of Particulars).

DATED: _____

Signature of Defendant

Defendant's attorney, if any

Address

Attorney's Address

Work Phone/Home Phone

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.

Mail this completed form (Answer) only to the Justice of the Peace Court at the address above as soon as possible.