

STATE OF MICHIGAN 2A JUDICIAL DISTRICT	DEFENDANT'S ANSWER/ COUNTER-CLAIM	CASE NUMBER.
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Court address
425 N MAIN STREET ADRIAN, MI 49221

Court telephone no.
517-264-4661

Plaintiff's name, address, and telephone no.

V.

Defendant's name, address, and telephone no.

DENY the claim of the plaintiff for the following reasons: _____

COUNTER-CLAIM that the plaintiff owes me \$_____ for the following reasons: _____

REQUEST this case be transferred to a general civil case and I will promptly file the Demand and Order for Removal (DC86) in the civil division.

Date

Signature