

## ☞ NOTICE: How to use these forms ☞

You have selected forms used to file an answer to a petition, complaint or counterclaim in a civil case. Each form will open a pop-up window and you will be asked to select one of the following options:

**Open:** Selecting this option allows you to view the form and print a copy without saving the form on your computer.

**Save:** Selecting this option allows you to save a copy of the form on your computer for later use.

**Cancel:** Selecting this option will close the form without saving it to your computer and allow you to proceed to the next form in the packet.

Select the forms you need by choosing “Open” or “Save”. If there are forms you do not need, select “Cancel” for those forms.

Each of the forms has a different purpose. Below is a list of the forms you will see and a brief description of the purpose of the form. If the form you select has instructions, please read the instructions carefully before completing the forms. Instructions may not be available for every individual form. You may be able to obtain additional information about the use of the form from you local court assistance office or the court clerk’s office at your county courthouse.

CAO Cv 3-1 Notice of Appearance: If you have been served with a complaint, petition, motion or other court pleading in a case and a notice or summons telling you that you must file a written answer to contest the case but you have not decided how to respond, you can use this form to give notice to the opposing party and the court that you are appearing in the case and wish to receive copies of all documents, orders, notices or other papers which may be filed.

**Warning: This form is not an Answer or a request for an extension of time within which to file an Answer, and it does not prevent the other party from requesting an entry of default against you. However, once you have filed a Notice of Appearance, you must be given a minimum of three days written notice of the application for entry of default against you. To prevent the entry of default, you must file an Answer within those three days as directed by the notice or summons you received.**

CAO CvPi 3-2 Civil Case Answer: If you have been served with a complaint, petition, motion or other court pleading in a case and a notice or summons telling you that you must file a written answer to contest the case, you may use this form for that answer. Please note that there are other forms for answers specifically designed for use in divorce and custody proceedings. Use this form for other types of civil cases. The requirements for raising defenses are found in Rules 8(b)-(d) of the Idaho Rules of Civil Procedure. You are strongly encouraged to

read the requirements of these rules before completing your answer. You may examine this rule at <http://www.isc.idaho.gov/ircp8-new>.

CAO Cv Inst 3-5 Reply to Counterclaim

CAO Cv 3-5 Reply to Counterclaim: You can use this form and instructions to reply (answer) a counterclaim filed against you by the defendant.

# CAO Online Form Review

## COVER SHEET



Please select the type of form review you are submitting:

- |  |  |
|--|--|
| <input type="checkbox"/> Divorce <b>NO</b> Minor Children        | <input type="checkbox"/> Mandatory Child Support Disclosures |
| <input type="checkbox"/> Divorce <b>WITH</b> Minor Children      | <input type="checkbox"/> Eviction                            |
| <input type="checkbox"/> Custody, Paternity, & Child Support     | <input type="checkbox"/> Forcible Detainer                   |
| <input type="checkbox"/> Modification of Custody & Child Support | <input type="checkbox"/> Name Change- <b>ADULT</b>           |
| <input type="checkbox"/> Family Case Response                    | <input type="checkbox"/> Name Change- <b>MINOR</b>           |
| <input type="checkbox"/> Family Case Response & Counterclaim     | <input checked="" type="checkbox"/> Civil Case Answer        |
|  | <input type="checkbox"/> _____                               |
|  | <input type="checkbox"/> _____                               |

I understand these forms will be scanned into electronic format and emailed to the Bannock County Court Assistance Officer who will perform a form review and respond to me directly within 48 hours.

The Court Assistance Office assigned to my form review is: Arianne or Trey

The Court Assistance Officer does not represent parties or any of their interests. While confidentiality practices concerning anything discussed are utilized, it is not guaranteed. The Court Assistance Officer may provide services to the opposing party/ies (other person/s involved in the same case). The Court Assistance Officer can only give information; not interpretations of laws or strategies for any case. If seeking representation, a confidential consultation, or legal advice, you will have to consult with a private attorney.

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NAME

DATE

---

EMAIL

PHONE

**CONFIDENTIAL Case Information Sheet**

Fill out this form to start a **General Civil Law** case.  
The information you give us is **private**.

Case Number (Clerk fills in case #):

Exempt from Public Disclosure

**DO NOT SERVE THIS DOCUMENT ON OTHER PARTIES**

**Complete this form for each of the parties for whom you are submitting this initial pleading.** It is not necessary to provide information about other parties. Every field must be complete. If it does not apply to you or you do not have the information, you must indicate so (i.e., unknown, N/A, etc.). Failure to do so warrants rejection of your filing.

The personal identifiers collected by the Court below are collected for the purpose of ensuring that the Court's party records are accurate and to better differentiate individuals or businesses with common names. It will be used for this purpose alone and will not be disclosed to the public including the parties in the subject lawsuit.

**Information about Party**

Name:     
*First Middle Last*

Legal name of business entity:

Any other names used:

Address:      
*Street City State Zip*

Mailing Address (if different):

Phone numbers: Home  Work  Cell

Email:

Driver's License: State  Number  Date of Birth:

If the accompanying pleading is filed on behalf of more than one party, provide information regarding those additional parties below.

**Information about Party**

Name:     
*First Middle Last*

Legal name of business entity:

Any other names used:

Address:      
*Street City State Zip*

Mailing address (if different):

Phone numbers: Home  Work  Cell

Email:

Driver's License: State  Number  Date of Birth:

**COMPLETE INFORMATION FOR ADDITIONAL PARTIES ON ADDITIONAL PAGE(S) IF NECESSARY**

\_\_\_\_\_  
Full Name of Party Filing Document

\_\_\_\_\_  
Mailing Address (Street or Post Office Box)

\_\_\_\_\_  
City, State and Zip Code

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Email Address (if any)

IN THE DISTRICT COURT FOR THE \_\_\_\_\_ JUDICIAL DISTRICT  
FOR THE STATE OF IDAHO, IN AND FOR THE COUNTY OF \_\_\_\_\_

\_\_\_\_\_ ,

Plaintiff,

vs.

\_\_\_\_\_ ,

Defendant

Case No. \_\_\_\_\_

ANSWER

Fee Category: \_\_\_\_\_

Filing Fee: \$ \_\_\_\_\_

(Your name) \_\_\_\_\_, for his/her Answer to the  
\_\_\_\_\_ ,

states:

1. I completely agree with and admit the following paragraphs (list each paragraph  
number): \_\_\_\_\_

\_\_\_\_\_

2. I admit the portion of paragraph \_\_\_\_\_, that states: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ and I deny everything else in that paragraph.

3. I admit the portion of paragraph \_\_\_\_\_, that states: \_\_\_\_\_

\_\_\_\_\_ and I deny everything else in that paragraph.

4. I deny the following paragraphs because I do not have enough information to admit or deny them (list each paragraph number): \_\_\_\_\_

5. I completely disagree with and deny everything I do not admit.

6.  I want the Complaint dismissed.

**AFFIRMATIVE DEFENSE(S)**

(State each affirmative defense that applies in a separate paragraph – see I.R.C.P. 8(c))

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have read this Answer and state that all facts included are true.

I ask the Court to enter any order requested above.

**CERTIFICATION UNDER PENALTY OF PERJURY**

I certify under penalty of perjury pursuant to the law of the State of Idaho that the foregoing is true and correct.

Date: \_\_\_\_\_

\_\_\_\_\_  
Typed/printed

\_\_\_\_\_  
Signature

CERTIFICATE OF SERVICE

I certify that on (date) \_\_\_\_\_ I served a copy to: (name all parties in the case other than yourself)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Street or Post Office Address)

\_\_\_\_\_  
(City, State, and Zip Code)

- By mail
- By fax (number) \_\_\_\_\_
- By personal delivery
- By Email: \_\_\_\_\_

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Street or Post Office Address)

\_\_\_\_\_  
(City, State, and Zip Code)

- By mail
- By fax (number) \_\_\_\_\_
- By personal delivery
- By Email: \_\_\_\_\_

\_\_\_\_\_  
Typed/printed name

\_\_\_\_\_  
Signature

# STOP

WOULD YOU LIKE YOUR FORMS  
REVIEWED BY THE COURT  
ASSISTANT OFFICER?

Scan & Email your forms to  
[d6cao@bannock.idcourts.gov](mailto:d6cao@bannock.idcourts.gov)

You may also call 208-236-7067 or  
text 208-538-4816 and request an in-  
person form review