



**STATE OF RHODE ISLAND**

**DISTRICT COURT**

**SMALL CLAIMS NOTICE OF SUIT – ANSWER**

|  |   |
|--|---|
| <b>Plaintiff</b>                                   | <b>Civil Action File Number</b>                             |
|  | <b>Attorney for the Plaintiff or the Plaintiff</b>          |
| <b>Defendant</b>                                   | <b>Address of the Plaintiff’s Attorney or the Plaintiff</b> |
| <b>Attorney for the Defendant or the Defendant</b> | <b>Address of the Defendant’s Attorney or the Defendant</b> |

Answer to be filed with the Clerk of the District Court - Small Claims Division at the address checked below:

|  |   |
|--|---|
| <input type="checkbox"/> Murray Judicial Complex<br>2nd Division District Court<br>45 Washington Square<br>Newport, Rhode Island 02840-2913<br>(401) 841-8350    | <input type="checkbox"/> Noel Judicial Complex<br>3rd Division District Court<br>222 Quaker Lane<br>Warwick, Rhode Island 02886-0107<br>(401) 822-6750          |
| <input type="checkbox"/> McGrath Judicial Complex<br>4th Division District Court<br>4800 Tower Hill Road<br>Wakefield, Rhode Island 02879-2239<br>(401) 782-4131 | <input type="checkbox"/> Garrahy Judicial Complex<br>6th Division District Court<br>One Dorrance Plaza<br>Providence, Rhode Island 02903-2719<br>(401) 458-5400 |

The above Plaintiff(s) CLAIM YOU OWE the following: \$\_\_\_\_\_ plus cost of suit \$\_\_\_\_\_ for a total of \$\_\_\_\_\_.

(Check appropriate box and use space below to write your response).

THIS IS MY ANSWER: I disagree with the claim of the Plaintiff(s) because: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

THIS IS MY ANSWER: I admit I owe the claim and judgment may enter against me. I need more time to pay for the following reason: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



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**THIS IS MY COUNTERCLAIM:** The Plaintiff(s) owes me the following sum for the following reason. By filing this counterclaim, I waive my right to appeal on the counterclaim only. \_\_\_\_\_

\_\_\_\_\_  
THE DEFENDANT WAIVES RIGHT TO APPEAL ON COUNTER CLAIM ONLY.

\_\_\_\_\_  
Signature of the Defendant

\_\_\_\_\_  
Print Name of the Defendant

\_\_\_\_\_  
Date Signed

**HOW TO ANSWER THIS CLAIM**

1. You have twenty (20) days to answer the Small Claims Notice of Suit – Complaint from the date of service. **If you fail to answer the Small Claims Notice of Suit – Complaint within the twenty (20) days from the date of service, judgment by default will be taken against you for the relief demanded in the complaint.**
2. If you are mailing this answer, address it to the Clerk of the District Court - Small Claims Division at the address checked above. Send a copy to the Plaintiff’ attorney, if listed above, or the Plaintiff. Be sure to put a **stamp** on the envelope because the court cannot accept “postage due” mail.
3. Trial dates for small claims actions, if timely answered, shall be automatically scheduled by the clerk’s office no later than three (3) weeks from the filing of the answer. **You must appear on the Trial Date. If you do not appear, judgment by default will be taken against you for the relief demanded in the complaint.**

**CERTIFICATE OF SERVICE**

I hereby certify that, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_:

I filed and served this document through the electronic filing system on the following parties:

\_\_\_\_\_  
The document electronically filed and served is available for viewing and/or downloading from the Rhode Island Judiciary’s Electronic Filing System.

I served this document through the electronic filing system on the following parties:

\_\_\_\_\_  
The document electronically served is available for viewing and/or downloading from the Rhode Island Judiciary’s Electronic Filing System.

I mailed or  hand-delivered this document to the attorney for the opposing party and/or the opposing party if self-represented, whose name is \_\_\_\_\_ at the following address

\_\_\_\_\_  
Name