## SAINT REGIS MOHAWK TRIBAL COURT IN AND FOR THE SAINT REGIS MOHAWK TRIBE

	Plaintiff(s)/Claimant(s)	Case No.:
	v. Respondent(s)	RESPONDENT'S ANSWER AND COUNTERCLAIM
I. The P	arties to This Complaint	
		elow for each Respondent filing this answer or legations in the plaintiff's complaint. Attach
	Name:	
	Mailing Address:	
	Telephone Number:	
	Mailing Address:	
		<del> </del>
	Email Address:	

## II. The Answer and Defenses to the Counterclaim

## A. Answering the Claims for Relief

Write a short and plain statement of the answer to the allegations in the complaint. The answer should correspond to each allegation in the complaint. For each answer state whether you are admitting or denying the allegations, lack sufficient knowledge to admit or deny the allegations, or admit certain allegations. Attach additional pages if needed.					

## B. Presenting Defenses to the Claims for Relief Write a short and plain statement identifying the defenses to the claims. Attach additional pages if needed. C. Asserting Claims Against the Plaintiff/Claimant (Counterclaim) or Against **Another Respondent (Cross-Claim)** For each counterclaim against the Plaintiff(s)/Claimant(s) or a cross-claim against another Respondent, state briefly the facts showing why the Respondent asserting the counterclaim or cross-claim is entitled to the damages or other relief sought. Attach additional pages if needed.

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(	Certification and Closing
p R p	nis answer and counterclaim or cross claim is not being presented for an improper urpose such as to harass or cause unnecessary delay. I agree to provide the Sain Legis Mohawk Tribal Court with any changes to my address where case-related apers may be served. I understand that my failure to keep my address updated may esult in the inability of the Court to send my documents to me.
Γ	Date of signing:
S	ignature of Respondent(s):
P	rinted Name of Respondent:
	A. For Parties with an Attorney:
Γ	Date of signing:
S	ignature of Attorney:
P	rinted Name of Attorney:
	are you a member of the SRMT Tribal Bar? Yes or No
N	Jame of Law Firm:

Mailing Address:	-
Telephone Number:	_
Email Address:	
State of New York	
State of New York	
Territory of Akwesasne	
The foregoing was acknowledged before me on,, by	
<u> </u>	
Notary Public	
My Commission Expires:	