

PIERCE COUNTY DISTRICT COURT
930 Tacoma Avenue South, Room 239, Tacoma, WA 98402

Case NO. _____

COUNTER/CROSS CLAIM

Plaintiff(s),

vs.

TRIAL/MEDIATION DATE/TIME

Defendant(s).

_____, **Defendant(s), state that:**

_____ **Admit that I/we owe the plaintiff \$** _____.

_____ **Deny that I/we owe the plaintiff any amount whatsoever.**

_____ **Plaintiff(s) owes me the sum of** _____ **for the following reasons:**

Date: _____

Signature and printed name

Address

Phone _____

Signature and printed name

Address

Phone _____

Clerk