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| STATE OF MICHIGAN JUDICIAL DISTRICT | ANSWER Civil | CASE NO. |
|--|-------------------------|-----------------|

Court address **Court telephone no.**

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|---|
| Plaintiff's name(s), address(es), and telephone no(s). |
| Plaintiff's attorney, bar no., address, and telephone no. |

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| Defendant's name(s), address(es), and telephone no(s). |
| Defendant's attorney, bar no., address, and telephone no. |

- Defendant(s),
 Attorney for defendant(s), in answer to the complaint, state(s):

(Number paragraphs in the answer to correspond to paragraphs in the complaint. Attach additional sheets if necessary.)

Date

Defendant attorney signature

Defendant's signature

CERTIFICATE OF SERVICE

I certify that on this date I served a copy of this answer on the plaintiffs or their attorneys by
 personal service. first-class mail addressed to their last-known address(es) as defined in MCR 2.107(C)(3).

Date

Signature