COMMONWEALTH OF MASSACHUSETTS

_____,SS: HOUSING COURT DEPARTMENT
_____ DIVISION
/ / / - / / / / / /
SMALL CLAIMS ACTION:

ANSWER TO CLAIM
(Please print or type)

I, the Defendant in the above referred-to Small Claims Action, understand that in this Answer, I must state fully and specifically what facts set out in the Plaintiff's Statement of Claim I deny, and what facts I admit, and I do so as follows:

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NOTE TO DEFENDANT: If you admit the plaintiff's Claim and desire time to pay, please so indicate above.

Date: _____ _____
Signature of Defendant(s) or Attorney and, if by Attorney, his/her address)

_____
Street State Zip Code