Response to Motion - Blank preview

Blank template preview. Attorney review has not been completed. This is self-help software, not a law firm or a substitute for an attorney. Templates are not official court forms; check your court's requirements before use.

[DRAFT NOTICE: Draft prepared with self-help software. Not legal advice. Have an attorney review before filing. Delete this note before you sign.]

[Name of court]
[County, district, or division, if your court's captions include one; otherwise delete this line]
Case No. [Case number]
[Name of first party], [Plaintiff or Petitioner]
v.
[Name of second party], [Defendant or Respondent]

RESPONSE TO [TITLE OF THE MOTION YOU ARE RESPONDING TO]

[Your full name], [Your role in the case, such as Petitioner or Respondent], self-represented, responds to the [title of the motion] filed by [name of the party who filed it] on [filing date], and states:

The Motion

1. The motion asks the Court to: [summarize, in your own words, each request in the motion].
2. My position on each request is: [state, request by request, whether you agree, disagree, or agree in part, in your own words].

Facts

3. [State one fact per paragraph, in date order. Refer to exhibits by number.]
4. [Continue with the next fact. Add or remove paragraphs as needed.]
5. [If you are responding to specific numbered paragraphs of the motion, identify each paragraph number and your response to it; otherwise delete this paragraph.]

Request

6. I ask the Court to [state what you are asking the Court to do about the motion].
7. [Add any other specific request, or delete this paragraph.]

Respectfully submitted.

[Your full name]
[Your role in the case, such as Petitioner or Respondent], self-represented

[Mailing address where you receive court papers]
[Phone number]
[Email address]
Date: [Date you sign]

Certificate of Service

I certify that on [date of service], I served a copy of this Response on each person listed below by [method of service your court's rules allow, such as mail, hand delivery, email, or electronic filing service].
[Name of each person served, and the mailing address or email address used for service]

[Your full name]
Date: [Date you sign this certificate]