

\_\_\_\_ Court of Washington, County of \_\_\_\_\_

Plaintiff/s:

\_\_\_\_\_

No. \_\_\_\_\_

Answer and Affirmative Defenses  
to Debt Collection

Defendant/s:

\_\_\_\_\_

(No mandatory form)

## Answer and Affirmative Defenses to Debt Collection

*Use this form to respond to the Complaint in a debt collection lawsuit.*

### 1. Answer

Defendant answers the complaint as follows:

I **admit** the statements in paragraph numbers \_\_\_\_\_ except for the following statements:

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I **deny** the statements in paragraph numbers \_\_\_\_\_ except for the following statements:

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I don't know about the truth and so deny the statements in paragraph number/s \_\_\_\_\_.

## 2. **Affirmative Defenses**

Defendant/s other defenses are:

### **Amount**

- I do not owe this debt.
- I have paid all or part of the debt.
- I disagree with the amount of the debt. The amount is incorrect.
- This debt was discharged in bankruptcy.
- The amount demanded is excessive compared with the original debt. (Unjust enrichment)

### **Medical**

- I am eligible for Charity Care for my hospital debt.
- I have health insurance. The claim is for an unpaid medical bill from an out-of-network provider. That provider should have charged me only as much as a preferred provider would have. (Violation of No Surprises Act)
- I was on Washington Apple Health (Medicaid) at the time I received some or all of the medical services at issue in this lawsuit and the medical provider improperly billed me. See WAC 182-502-0160.

### **Plaintiff**

- Plaintiff is a "collection agency" or "debt buyer" who is prohibited from recovering damages in excess of the principal balance of the alleged obligation for failure to comply with the requirements of RCW 19.16.110., .250, and/or .260.
- Plaintiff lacks standing and does not have authority to bring this lawsuit.

### **Service**

- I did not receive a copy of the Summons and Complaint.
- I received the Summons and Complaint, but service was not correct as required by law.

### **Timing**

- The time has passed to sue on this debt. (Statute of Limitations)
- Plaintiff has excessively delayed in bringing this lawsuit to my disadvantage. (Laches)

### **Not my debt**

- I am a victim of identity theft or mistaken identity. I am not responsible for this debt.

Someone else should have paid this debt. (Fault of nonparty)

**Unfair or unreasonable**

The contract is unfair. (Unconscionability)

Violation of the duty of good faith and fair dealing.

The collateral (property) was not sold at a commercially reasonable price.

I did not receive the product or services I was billed for or the product or services were defective or unacceptable. (Failure of consideration)

**Other**

I am in the military.

I was under the age of 18 when the contract was created, so I lacked capacity to enter into a contract.

The Complaint fails to state a claim upon which relief can be granted.

Other: \_\_\_\_\_

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**3. Notice of exempt public benefit and/or retirement income**

I have the following public benefit and/or retirement income which is exempt from garnishment (*check all that apply*):

Public assistance grants & payments (TANF, ABD, Food Stamps).

Supplemental Security Income (SSI).

Social Security (Disability, Survivors, Retirement).

Retirement income

**4. Request**

Defendant/s request that the court dismiss this case and enter a judgment against the plaintiff/s for any costs or attorney fees.

I declare under penalty of perjury under the laws of the state of Washington that the facts I have provided on this form are true.

Signed at (*city and state*): \_\_\_\_\_ Date: \_\_\_\_\_



Defendant signs here

Print name

I agree to accept legal papers for this case at (*check all that apply*):

the following address (*this does not have to be your home address*):

Street or mailing address

city

state

zip

Email: \_\_\_\_\_