Circuit Court for(city or county)		Case No	
(city or c	county)		
Name	-	Name	
Street Address	VS.	Street Address	()
City State Zip Code Telephone PLAINTIFF	_	City State	Zip Code Telephone DEFENDANT
ANSWER TO COM			
Complaint for Absolute Divorce file			
1. I admit all of the statements Divorce.	in Paragraphs 1 th	arough 13 of the Co	omplaint for Absolute
FOR THESE REASONS, I reques	st that the Court (c	heck all that apply)	:
\Box Grant the relief requested in the \Box	Complaint for Abs	solute Divorce;	
\Box Allow me to resume the use of m	•		derstand that I must
appear at the hearing if I am seeking appear at the hearing, my name may	g to restore my for	mer name. I under	
✓ Grant me any other appropriate re	elief.		
 Date		Your Signature	
Duic	·	our bignature	
	7	Your Name Printed	

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on this	_ day of, 20, a copy of the
foregoing Answer for Absolute Divorce w	as mailed, postage prepaid, to
	Opposing Party or His/Her Attorney
Opposing Party's or His/Her Atto	rney's Address including City/State/Zip
Date	Your Signature