

IN THE CIRCUIT COURT OF COUNTY, MISSISSIPPI
PLAINTIFF

VS. NO.

, M.D. and , M.D. DEFENDANTS

SEPARATE ANSWER AND DEFENSES OF , M.D.

FIRST DEFENSE

The defendant, , M.D., moves the court for a change of venue.

SECOND DEFENSE

The complaint filed herein fails to state a claim or cause of action against this defendant.

THIRD DEFENSE

AND NOW, responding paragraph by paragraph to the allegations of the plaintiff's complaint, the defendant, , M.D., by counsel, states as follows, to-wit:

I.

Responding to the allegations of Paragraph 1 of the complaint the defendant admits only that he/she is an adult resident citizen of County, Mississippi.

II.

Responding to the allegations of Paragraph 2 of the complaint the defendant, Dr. , admits only that he/she examined the plaintiff, , on or about . The defendant further

III.

Responding to the allegations of Paragraph 3 of the complaint the defendant admits only that on or about the defendant, , M.D., administered anesthesia to the plaintiff. The remaining allegations of Paragraph 3 of the complaint are denied.

IV.

The defendant denies the allegations of Paragraph 4 of the complaint.

V.

The defendant denies the allegations of Paragraph 5 of the complaint.

VI.

The defendant denies the allegations of Paragraph 6 of the complaint.

AND NOW, having answered fully, the defendant again denies that he/she is guilty of any negligence, fault, and lack of care or wrongful act whatsoever in these premises. The defendant therefore denies that he/she is liable unto the plaintiff herein in any sum or amount whatsoever.

WHEREFORE, PREMISES CONSIDERED, the defendant, _____, M.D., moves the court for an order of dismissal, with prejudice, at the cost of the plaintiff.

THIS the _____ day of _____, 20____.

Respectfully submitted,

Attorney for

Of Counsel:

Telephone:
MSB #
Attorney for

CERTIFICATE OF SERVICE

I, _____, of counsel to Defendant, _____, M.D., hereby certify that I have this day mailed, with postage prepaid, a true and correct copy of the above and foregoing document unto:

SO CERTIFIED this the _____ day of _____, 20____.
