

**Affidavit of Defendant Supporting Defendant's Motion to Strike Affidavit
Filed in Support of Plaintiff's Motion for Summary Judgment**

**IN THE UNITED STATES DISTRICT COURT FOR THE
(DISTRICT) OF (STATE)
(DIVISION)**

_____, INC.

PLAINTIFF

V.

CAUSE NO. 000,0000

DEFENDANT

**Affidavit of _____ Supporting Defendant's Motion to Strike Affidavit
Filed in Support of Plaintiff's Motion for Summary Judgment**

STATE OF _____
COUNTY OF _____

PERSONALLY appeared before me, the undersigned authority in and for said county and state, _____, who, having been being first duty sworn, deposes and says:

1. I am the Defendant in the above action. This affidavit is submitted in support of Defendant's Motion to Strike Affidavit of Plaintiff which was filed in support of Plaintiff's Motion for Summary Judgment.
2. This action was commenced by service of a summons and complaint on Affiant on _____ *(date)*, at _____ *(street address, city, county, state, zip code)*. On _____ *(date)*, Affiant filed his Answer and served the Answer on _____, *Inc.*, Plaintiff, by mailing a copy to _____ *(name of Plaintiff's attorney)*, Plaintiff's attorney of record, at _____ *(attorney's mailing address)*.
3. Plaintiff *(e.g., has no actual personal knowledge of the facts set forth in said Affidavit of Plaintiff)*.
4. The facts stated above are known by me to be true, of my own personal knowledge.

DEFENDANT

SWORN to and subscribed before me, this the _____ day of _____, 20____.

Notary Public

My Commission Expires:

Certificate of Service

This is to certify that I, *(Name of Attorney)*, attorney for Defendant _____, have this date served a true and correct copy of the above and foregoing Affidavit of _____, in support of Defendant's Motion to Strike Affidavit of Plaintiff (which Affidavit was filed in support of Plaintiff's Motion for Summary Judgment) by U.S. Mail, postage fully prepaid, to the following counsel of record for Plaintiff:

(Name of Attorney)
Post Office Box 0000
City, State, Zip Code

This the ____ day of _____, 20__.

Respectfully Submitted,

(Name of Attorney)
State Bar No. _____
Attorney for

Defendant

OF COUNSEL:

(Name of Attorney)
Post Office Box 000-0000
City, State, Zip Code
Telephone: 555-555-5555