

Mohave County Justice Courts, State of Arizona

SELECT A COURT FROM THE DROP DOWN ARROW AT RIGHT>>>

REQUESTS FOR REASONABLE ACCOMMODATIONS FOR PERSONS WITH DISABILITIES MUST BE MADE TO THE COURT AT LEAST 3 JUDICIAL DAYS IN ADVANCE OF ANY SCHEDULED HEARING.

CASE NUMBER: _____

Plaintiff(s) Name / Address / Phone

Defendant(s) Name / Address / Phone

The Statutory Agent / Corporate Officer to be served is:

SMALL CLAIMS COMPLAINT / SUMMONS / ANSWER

WARNING: THERE ARE NO APPEALS IN SMALL CLAIMS CASES. You do not have the right to appeal the decision of the Hearing Officer or the Justice of the Peace in Small claims (Division) Court. If you wish to preserve your right to appeal, you may have your case transferred to the Civil Division of the Justice Court pursuant to ARS 22-504, if you request such a transfer at least ten (10) judicial days prior to the day of the scheduled hearing.

NOTICE AND SUMMONS

TO THE ABOVE-NAMED DEFENDANT(S):

You are directed to answer this complaint within **TWENTY (20) CALENDAR DAYS** by filing a written ANSWER in the court named above. If you do not answer or defend, you run the risk of having a judgment entered against you for the amount of plaintiffs claim, plus court costs. A filing fee must be paid at the time your answer is filed

Date: _____ (SEAL)

Clerk

PLAINTIFF'S CLAIM

This Justice Court has venue because The defendant resides in this precinct, The debt, or cause of action, incident that resulted in this claim, occurred in this precinct at the following location: _____

\$ _____ is the total amount owed me by defendant because: _____

Date: _____ Plaintiff

DEFENDANT'S ANSWER *A filing fee must be paid at the time your answer is filed.*

I am answering on behalf of: Myself Marital Community Other: _____ I do not owe the plaintiff because: _____

Date: _____ Defendant(s)

NOTICE OF SERVICE

I certify that I will mail a copy of this answer to the plaintiff at the above address.

Date: _____ By: _____ Defendant