

Person Filing: _____
Address (if not protected): _____
City, State, Zip Code: _____
Telephone: _____
Email Address: _____
ATLAS Number: _____
Representing [] Self, or [] Attorney for _____
Lawyer's Bar Number: _____

**MOHAVE COUNTY SUPERIOR COURT
OF ARIZONA**

Name of Plaintiff(s)

Case Number: _____

ANSWER

Name of Defendant(s)

For Defendant's Answer to Plaintiff's Complaint, Defendant, _____,
admits, denies, and alleges as follows:

1. The allegations in paragraph **ONE** in the Complaint, I: [] **ADMIT** as true, [] **Deny**, [] State I have **insufficient information** to determine whether true or false.
2. The allegations in paragraph **TWO** in the Complaint about the parties, I: [] **ADMIT** as true, [] **Deny**, [] State I have **insufficient information** to determine whether true or false.
3. The allegations in paragraph **THREE** in the Complaint, I: [] **ADMIT** as true, [] **Deny**, [] State I have **insufficient information** to determine whether true or false.
4. The allegations in paragraph **FOUR** in the Complaint, I: [] **ADMIT** as true, [] **Deny**, [] State I have **insufficient information** to determine whether true or false.
5. The allegations in paragraph **FIVE** in the Complaint, I: [] **ADMIT** as true, [] **Deny**, [] State I have **insufficient information** to determine whether true or false.
6. The allegations in paragraph **SIX** in the Complaint, I: [] **ADMIT** as true, [] **Deny**, [] State I have **insufficient information** to determine whether true or false.

7. The allegations in paragraph **SEVEN** in the Complaint, I: **ADMIT** as true, **Deny**, State I have **insufficient information** to determine whether true or false.
8. The allegations in paragraph **EIGHT** in the Complaint, I: **ADMIT** as true, **Deny**, State I have **insufficient information** to determine whether true or false.
9. The allegations in paragraph **NINE** in the Complaint, I: **ADMIT** as true, **Deny**, State I have **insufficient information** to determine whether true or false.
10. The allegations in paragraph **TEN** in the Complaint, I: **ADMIT** as true, **Deny**, State I have **insufficient information** to determine whether true or false.

(If you need more space, add an attachment labeled “Statement of Facts and Breach,” and continue consecutive numbering.)

Defendant’s GENERAL DENIAL: Defendant denies anything stated in the Complaint that Defendant has not specifically admitted, qualified, or denied.

DEFENSES and DENIALS

A. Defendant alleges that the claims for relief stated in the Complaint are, or may be, barred by reason of (check any that apply):

- | | |
|--|---|
| <input type="checkbox"/> Lack of personal jurisdiction | <input type="checkbox"/> Failure of consideration |
| <input type="checkbox"/> Lack of subject matter jurisdiction | <input type="checkbox"/> Fraud |
| <input type="checkbox"/> Insufficient service of process | <input type="checkbox"/> Illegality |
| <input type="checkbox"/> Failure to state a claim upon which relief can be granted | <input type="checkbox"/> Laches |
| <input type="checkbox"/> Accord and satisfaction | <input type="checkbox"/> License |
| <input type="checkbox"/> Arbitration and award | <input type="checkbox"/> Payment |
| <input type="checkbox"/> Assumption of risk | <input type="checkbox"/> Release |
| <input type="checkbox"/> Contributory negligence | <input type="checkbox"/> Res judicata |
| <input type="checkbox"/> Duress | <input type="checkbox"/> Statute of Frauds |
| <input type="checkbox"/> Estoppel | <input type="checkbox"/> Statute of Limitations |
| <input type="checkbox"/> Other Defenses are listed and explained below. | <input type="checkbox"/> Waiver |

Case Number: _____

B. Defendant reserves the right to amend this Answer at a later time to assert any matter constituting an avoidance or affirmative defense including, without limitation, those affirmative defenses set forth in Rule 8(d), Arizona Rules of Civil Procedure, as discovery shows to be applicable.

REQUESTS to the COURT

WHEREFORE, having fully defended, Defendant requests that Plaintiff's Complaint be dismissed, that Plaintiff take nothing, and that Defendant be awarded the costs and expenses incurred herein, including such other and further relief as the Court may deem just and proper.

Date

Signature of Defendant/Defendant's Attorney

Case Number: _____

CERTIFICATE OF SERVICE:

The following page must be completed and attached to the LAST page of your Answer:

[] I filed the ORIGINAL of the Answer with the Clerk of the Superior Court in _____ County on: _____ (Month/Date/Year)

[] I mailed/delivered a COPY of the answer to the Judicial Officer assigned to my case on: _____ (Month/Date/Year)

Judge (or Commissioner): _____
(Judicial Officer assigned to your case)

[] I mailed/delivered a COPY of the Answer to the Plaintiff (or the Plaintiff's Attorney if Plaintiff is represented by an attorney) on: _____ (Month/Date/Year)

Name of Plaintiff /Plaintiff's attorney: _____

Address: _____

City, State, Zip Code: _____

(You must mail a copy of all documents to the Plaintiff and his/her lawyer)

By signing below, I state to the Court, under penalty of law, that the information stated on these pages is true and correct to the best of my knowledge and belief.

I further state that I have filed/mailed the attached document(s) as shown above. I understand that if I do not file/mail the attached document(s) as shown above, the Judge in my case will not read the attached document.

Date

Signature of Defendant/Defendant's Attorney