Mohave County Justice Courts, State of Arizona

CASE NUMBER:	
	
Plaintiff(s) Name / Address / Email/ Phone	Defendant(s) Name / Address / Email/ Phone
Tallian(s) Name / Address / Email/ Thome	Defendant(3) Name / Address / Email/ 1 none
SMALL CLAIMS COUNTERCLAIM / REPLY TO COUNTERCLAIM ARSCP 9	
DEFENDANT'S COUNTERCLAIM IN THE AMOUNT	OF \$
In addition to my ANSWER to plaintiff's complaint, I o	ounterclaim for the amount stated, for the following reasons:
Date:	
	Defendant / Counterclaimant
Diagon inform court staff if interpreter corrigon are re	quired Yes, I need interpreter services. Language :
Please illionii court stair il linterpreter services are rec	quired: res, rneed interpreter services. Language
I CERTIFY that I mailed a copy of this COUNTE	RCLAIM to the Plaintiff at the above address.
Date: By	
·	Defendant / Counterclaimant
PLAINTIFF'S	REPLY TO COUNTERCLAIM ARSCP 9
I do not owe the defendant, because:	
·	
Doto:	
Date:	Plaintiff / Counter-defendant
I CERTIFY that I mailed a copy of this REPLY T	O COUNTERCLAIM to the Defendant at the above address.
Date: By	Plaintiff / Counter-defendant
	Fiaintiii / Counter-delendant

SC Revised: 12/1/2020