

Mohave County Justice Courts, State of Arizona

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

CASE NUMBER: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Plaintiff(s) Name / Address / Phone

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Defendant(s) Name / Address / Phone

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attorney for Plaintiff(s) Name / Address / Phone

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attorney for Defendant(s) Name / Address / Phone

**REPLY TO COUNTERCLAIM**

I admit the following portion(s) of Counterclaimant / Defendant's counterclaim:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Counterclaimant / Defendant is not entitled to judgment on the counterclaim because:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I am asking the court to deny Counterclaimant / Defendant's counterclaim. I am also asking for reimbursement of my court costs.

I state under penalty of perjury that the foregoing is true and correct.

Date: \_\_\_\_\_  
Counter-Defendant / Plaintiff

I CERTIFY that I have mailed / will mail a copy of this REPLY TO COUNTERCLAIM to:

Counterclaimant / Defendant at the above address or  Counterclaimant / Defendant's attorney

Date: \_\_\_\_\_ By \_\_\_\_\_  
Counter-Defendant / Plaintiff