

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

ANSWER TO COUNTERCLAIM

I am answer on behalf of:

<input type="checkbox"/> Myself	<input type="checkbox"/> Partnership
<input type="checkbox"/> Marital Community	<input type="checkbox"/> Other: _____

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 ANSWER TO COUNTERCLAIM to:

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

Date: _____ By _____

Counter-Defendant / Plaintiff