

\_\_\_\_\_  
Plaintiff or Plaintiff's Attorney

\_\_\_\_\_  
Address, City, State

## 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

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### COMPLAINT- FEED LIEN

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I allege that:

- This court has jurisdiction over this matter.
- This court has venue because (check a box):
  - Defendant resides within the precinct boundaries of this court.
  - The debt or obligation that gives rise to this action occurred within this court's precinct, at the

following location: \_\_\_\_\_.

- Other, pursuant to ARS 12-401.1-19: (state) \_\_\_\_\_.

This is what the defendant has done to cause the damages I am claiming: (state wrongful acts)

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

I am asking the court to award me judgment against the defendant(s) in the sum of \$ \_\_\_\_\_.

I am also asking for reimbursement of my court costs and interest at the legal rate from the date of judgment.

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

Date: \_\_\_\_\_

\_\_\_\_\_  
Plaintiff

You are required to keep the court advised of your current address and telephone number. The clerk can provide you with a Notice of Change of Address form.

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

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

Plaintiff(s) Name / Address / Phone

Defendant(s) Name / Address / Phone

## SUMMONS-FEED LIEN

**THE STATE OF ARIZONA TO THE DEFENDANT(S) NAMED ABOVE:**

1. YOU ARE SUMMONED to appear and answer this complaint in the court named above.

Trial Date: \_\_\_\_\_ Time: \_\_\_\_\_

2. Requests for reasonable accommodation for persons with disabilities should be made to the court as soon as possible.
3. IF YOU FAIL TO APPEAR, a judgment will likely be entered against you, granting the relief specifically requested in the complaint.
4. The attorney for the Plaintiff (or the Plaintiff, if the plaintiff does not have an attorney) must be given a copy of your answer and any other pleading you file in this case. The address is:

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

Date: \_\_\_\_\_  
Justice of the Peace

### CERTIFICATE OF SERVICE

Date Received: \_\_\_\_\_ Date Served: \_\_\_\_\_ Time Served: \_\_\_\_\_

Person Served: \_\_\_\_\_

Location Where Served: \_\_\_\_\_

Precinct: \_\_\_\_\_ County \_\_\_\_\_

**I certify that I personally served this document and a copy of the Complaint in this action.**

\_\_\_\_\_  
Constable/Process Server

#### Statement of Costs

Service Fee\$ \_\_\_\_\_ Mileage Fee\$ \_\_\_\_\_ Other \$ \_\_\_\_\_ Total:\$ \_\_\_\_\_