

Mohave County Justice Courts, State of Arizona

CASE NUMBER: _____

Plaintiff(s) Name / Address /Email/ Phone

Defendant(s) Name / Address / Email/ Phone

SMALL CLAIMS COMPLAINT

ARSCP 4

WARNING: THERE ARE NO APPEALS IN SMALL CLAIMS CASES. You do not have the right to appeal the decision of the Hearing Officer or the Justice of the Peace in Small claims (Division) Court. If you wish to preserve your right to appeal, you may have your case transferred to the Civil Division of the Justice Court pursuant to ARS 22-504, ARSCP 11(a). If you request such a transfer allow at least ten (10) judicial days prior to the day of the scheduled hearing.

PLAINTIFF'S CLAIM

This Justice Court has venue because The defendant resides in this precinct, The debt, or cause of action, incident that resulted in this claim, occurred in this precinct at the following location (ARS 22-202) _____

\$ _____ is the total amount owed me by defendant because: _____

Date: _____

Plaintiff (signature)

Please inform court staff if interpreter services are required.
[] Yes, I need interpreter services. Language: _____

REQUESTS FOR AN INTERPRETER OR SPECIAL ACCOMMODATIONS FOR PERSONS WITH DISABILITIES MUST BE MADE TO THE COURT AT LEAST 3 JUDICIAL DAYS IN ADVANCE OF ANY SCHEDULED HEARING.

NOTICE: If you are representing a partnership, association or any other organization, provide the court with a notice stating your position and authority to represent this action.

Mohave County Justice Courts, State of Arizona

CASE NUMBER: _____

Plaintiff(s) Name / Address / Email/ Phone

Defendant(s) Name / Address / Email/ Phone

SMALL CLAIMS SUMMONS

Replacement ARSCP 5(b)

The Statutory / Corporate Officer to be served is:

Name/ Address/ Email/ Phone

Notice: A separate Summons will be issued for each named defendant on the complaint.

TO THE ABOVE-NAMED DEFENDANT(S):

The above-named plaintiff has sued in small claims court. You are summoned to appear and defend. You are directed to answer this complaint within **TWENTY (20) CALENDAR DAYS after service** by filing a written ANSWER in the court named above. If you do not answer or defend, you run the risk of having a judgment entered against you for the amount of plaintiff's claim, plus court costs. A filing fee must be paid at the time your answer is filed. If you cannot afford to pay the required fee, you may request the Court either waive or defer the fee.

Date: _____

Clerk (SEAL)

REQUESTS FOR AN INTERPRETER OR SPECIAL ACCOMMODATIONS FOR PERSONS WITH DISABILITIES MUST BE MADE TO THE COURT AT LEAST 3 JUDICIAL DAYS IN ADVANCE OF ANY SCHEDULED HEARING.

Please inform court staff if interpreter services are required.
 Yes, I need interpreter services. Language: _____

Mohave County Justice Courts, State of Arizona

REQUESTS FOR REASONABLE ACCOMMODATIONS FOR PERSONS WITH DISABILITIES MUST BE MADE TO THE COURT AT LEAST 3 JUDICIAL DAYS IN ADVANCE OF ANY SCHEDULED HEARING.

CASE NUMBER: _____

Plaintiff(s) Name / Address / Email/ Phone Defendant(s) Name / Address / Email/ Phone

SMALL CLAIMS ANSWER

ARSCP 7

WARNING: THERE ARE NO APPEALS IN SMALL CLAIMS CASES. You do not have the right to appeal the decision of the Hearing Officer or the Justice of the Peace in Small claims (Division) Court. If you wish to preserve your right to appeal, you may have your case transferred to the Civil Division of the Justice Court pursuant to ARS 22-504. If you request such a transfer it must be filed at least ten (10) judicial days prior to the day of the scheduled hearing.

DEFENDANT'S ANSWER A filing fee must be paid at the time your answer is filed.

You must file a written answer within 20 calendar days of service. If you do not file an answer, judgment may be entered against you. A filing fee must be paid at the time your answer is filed and you may request that the court either waive or defer the fee. The court will schedule a hearing date and hold a hearing within 60 calendar days after you file your answer.

I am answering on behalf of: [] Myself [] Marital Community [] Other: _____ (Requires signature of both spouses)

I do not owe the plaintiff because: _____

Blank lines for providing details of the answer.

Date: _____ Defendant Signature Defendant Signature

Notice: If you are representing a partnership, association or any other organization, provide the court with a notice stating your position and authority to represent this action.

Please inform court staff if interpreter services are required. [] Yes, I need interpreter services. Language: _____

NOTICE OF SERVICE

I certify that I will mail a copy of this answer to the plaintiff at the above address.

Date: _____ By: _____ Defendant Signature