

Mohave County Justice Courts, State of Arizona

CASE NUMBER: _____

Plaintiff(s) Name / Address / Email/ Phone

Defendant(s) Name / Address / Email/ Phone

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 counterclaim for the amount stated, for the following reasons:

Date: _____

Defendant / Counterclaimant

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

I CERTIFY that I mailed a copy of this COUNTERCLAIM 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:

Date: _____

Plaintiff / Counter-defendant

I CERTIFY that I mailed a copy of this REPLY TO COUNTERCLAIM to the Defendant at the above address.

Date: _____

By

Plaintiff / Counter-defendant