

DEFENDANT'S ATTORNEY INFORMATION:

Name/Bar#/ Address/Phone

_____ COUNTY JUSTICE COURT, STATE OF ARIZONA

_____ Court Name/Address/Phone

Plaintiff(s) Name/Address/Phone

v.

Defendant(s) Name/Address/Phone

CASE NUMBER: _____

ANSWER
CIVIL

PLAINTIFF(S) ATTORNEY INFORMATION:

Name/Bar #/ Address/Phone

1. The following named Defendant(s) answer(s) the complaint as follows:

2. I admit deny that this court has jurisdiction over this matter. *(If denied, state reason why.)*

Case Number: _____

3. I admit the following portion(s) of plaintiff's complaint:

4. The plaintiff is not entitled to judgment because:

5. I am asking the court to deny plaintiff's claim. I am also asking for reimbursement of my court costs.

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

Date: _____

Signature

CERTIFICATE OF MAILING

Defendant certifies that a copy of this Answer will be mailed/delivered to the [] Plaintiff(s) or [] Plaintiff's Attorney at the address listed.

Date: _____

Defendant: _____
Signature