

DEFENDANT'S ATTORNEY INFORMATION:

Name/Bar#/ Address/Phone

_____ COUNTY JUSTICE COURTS, STATE OF ARIZONA

(Court Name, Address, Phone)

CASE NUMBER: _____

**COUNTERCLAIM
CIVIL**

Plaintiff(s) Name/Address/Phone

V.

Defendant(s) Name/Address/Phone

PLAINTIFF'S ATTORNEY INFORMATION:

Name/Bar #/ Address/Phone

1. The following named defendant(s):

having filed an answer to plaintiff's(s') complaint, now counterclaims(s) against the following named plaintiff(s)

as follows:

Case Number: _____

2. The Plaintiff(s) owes(s) the sum of \$ _____ because:

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

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

Date: _____

Signature

STATEMENT OF SERVICE

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

Date: _____

Signature

TO PLAINTIFF(S): You have twenty (20) days to respond to this counterclaim by filing a written answer. If you fail to do so, a default judgment may be entered against you for the relief sought by the party filing the counterclaim.