

PLAINTIFF'S ATTORNEY INFORMATION:

Name/Bar#/Address/Phone

_____ COUNTY JUSTICE COURTS, STATE OF ARIZONA

(Court Name/Address/Phone)

Plaintiff(s) Name/Address/Phone

v.

Defendant(s) Name/Address/Phone

CASE NUMBER: _____

**ANSWER TO COUNTERCLAIM
CIVIL**

DEFENDANT'S ATTORNEY INFORMATION:

Name/Bar #/ Address/Phone

1. The following named Plaintiff(s) _____
answers Defendant's(s') counterclaim as follows:

2. I admit the following portion(s) of Defendant's(s') counterclaim:

- 3. Defendant(s) is not entitled to judgment on the counterclaim because:

- 4. I am asking the court to deny Defendant's(s') counterclaim. I am also asking for reimbursement of my court costs.

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

Date: _____

Signature

STATEMENT OF SERVICE

Plaintiff certifies that a copy of this Answer to Counterclaim will be mailed/delivered to the Defendant(s) or attorney(s) for Defendant(s) at the address listed.

Date: _____

Signature