

PLAINTIFF(S) ATTORNEY INFORMATION:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name/Address/Phone

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Plaintiff(s) Name/Address/Phone  
V.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Defendant(s) Name/Address/Phone

CASE NUMBER \_\_\_\_\_  
**SUMMONS**  
**CIVIL**

THE STATE OF ARIZONA TO THE ABOVE NAMED DEFENDANT(S):

1. You are summoned to respond to this complaint by filing a written answer and paying the required fee.
2. Your answer to the complaint must be received by this court within twenty (20) calendar days from the date you were served, or 30 calendar days if you were served outside the State of Arizona. If the 20<sup>th</sup> calendar day is a Saturday, Sunday, or holiday, you will have until the next working day to file your answer. When calculating these time periods, do not count the day you were served with the summons.
3. This court is located at (physical address) : \_\_\_\_\_
4. You may obtain an answer form from the court listed above or visit [www.azturbocourt.gov](http://www.azturbocourt.gov) to prepare your answer electronically.
5. You are required to pay a fee when filing your answer with the court.
6. You must provide a copy of your answer to the plaintiff(s) or to the plaintiff's attorney.

IF YOU FAIL TO FILE A WRITTEN ANSWER WITH THE COURT WITHIN THE TIME INDICATED ABOVE, A DEFAULT JUDGMENT MAY BE ENTERED AGAINST YOU, AS WAS REQUESTED IN THE PLAINTIFF(S) COMPLAINT.

Date: \_\_\_\_\_

\_\_\_\_\_  
Judge's Signature      {COURT SEAL}

**REQUEST FOR REASONABLE ACCOMMODATION FOR PERSONS WITH DISABILITIES MUST BE MADE TO THE COURT BY PARTIES AT LEAST 3 WORKING DAYS IN ADVANCE OF A SCHEDULED COURT PROCEEDING.**