

Plaintiff(s) Name/Address/Phone
V.

CASE NUMBER _____
SUMMONS/COMPLAINT
SMALL CLAIMS

Defendant(s) Name/Address/Phone

SMALL CLAIMS SUMMONS

TO THE ABOVE-NAMED DEFENDANT(S):

READ THIS CAREFULLY. The above-named Plaintiff(s) has sued you in the small claims division of this Justice Court. You are summoned to appear and defend. You must file your written answer to this complaint with this Court within 20 days after service. If you do not file an answer, judgment may be entered against you for the full amount of Plaintiff's claim, plus Plaintiff's court costs. You must pay a filing fee to this Court when you file your answer and mail or deliver a copy of your answer to the plaintiff(s).

NOTE: You may obtain an answer form from the court listed above or visit www.azturbocourt.gov to prepare your answer electronically.

Date: _____ (SEAL)
Clerk

WARNING: You do not have the right to appeal the decision of the hearing officer or the justice of the peace in a small claims court. If you wish to preserve your right to appeal, you may have your case transferred to the civil division of the justice court pursuant to ARS §22-504(A), if you request such transfer at least ten days prior to the date of the scheduled hearing.

SMALL CLAIMS COMPLAINT

- 1. This claim arises from: Tort Contract Debt
- 2. Venue in this precinct is proper because: Defendant(s) reside(s) or does business in this precinct
 The debt, transaction, or incident that resulted in this claim occurred in this precinct
- 3. The amount of this claim is \$ _____ (plus costs and interest, if applicable)
- 4. Defendant(s) owes Plaintiff(s) this amount because (*state the basis of the claim*): _____

Date: _____ Plaintiff

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