

JUSTICE COURT #2

STATE OF ARIZONA COUNTY OF GRAHAM
PO Box 1159, 136 W Center Street, Pima AZ 85543 Ph (928) 485-2771 Fx (928) 485-9961

CASE NUMBER:

PLAINTIFF:

DEFENDANT:

c/o:

c/o:

Street:

Street:

City/State/Zip:

City/State/Zip:

Phone:

Phone:

ANSWER

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.)_____

3. I admit the following portions 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:_____

Defendant(s)_____

CERTIFICATE OF MAILING

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

Date: _____

By _____

Defendant

You are required to keep the court advised of your current address and telephone number. The clerk can provide you with a Notice of Change of Address form.