

GRAHAM COUNTY JUSTICE COURT PREC #2
PO BOX 1159, 136 W CENTER ST PIMA AZ 85543
PHONE: 928-485-2771 FAX: 928-485-9961

CASE NUMBER:

**SMALL CLAIMS DIVISION
COMPLAINT/SUMMONS/ANSWER**

PLAINTIFF (NAME/ADDRESS/PHONE)

DEFENDANT (NAME/ADDRESS/PHONE)

NOTICE AND SUMMONS

TO THE ABOVE-NAMED DEFENDANT:

YOU ARE DIRECTED TO **ANSWER WITHIN TWENTY (20) DAYS** THE CLAIM OF THE PLAINTIFF IN THE SMALL CLAIMS DIVISION OF THE COURT CITED ABOVE. IF YOU DO NOT APPEAR AND DEFEND, YOU RUN THE RISK OF HAVING AN APPROPRIATE JUDGMENT ENTERED AGAINST YOU.

A \$14.00 FEE MUST BE PAID AT THE TIME YOU FILE YOUR ANSWER

"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 Justice Court pursuant to A.R.S. 22-504, subsection A, if you request such transfer, at least ten days notice must be give, prior to the day of the scheduled hearing."

_____ Date

_____ Clerk, Small Claims Division

PLAINTIFF'S CLAIM

The Defendant owes me \$ _____ for the following reasons: _____

Date: _____

Plaintiff Signature: _____

NOTICE TO DEFENDANT: If you contest this claim, you must complete the Answer below and file it in the Small Claims Division of the Court named above within twenty (20) days of the date of service.

DEFENDANT'S ANSWER

I do not owe the Plaintiff because: _____

Date: _____

Defendant Signature: _____

CERTIFICATE OF SERVICE BY MAIL

I, _____, Plaintiff in this action, certify that a copy of this form was sent by registered/certified mail, return receipt requested, to the Defendant named above at his above-listed address on the:

_____, day of _____, 20____ Plaintiff _____

CERTIFICATE OF SERVICE BY MAIL

I, _____, Defendant in this action, certify that a copy of this form was mailed to the Plaintiff.

_____, day of _____, 20____ Defendant _____