



Maricopa County Justice Courts, State of Arizona

REQUESTS FOR REASONABLE ACCOMMODATIONS FOR PERSONS WITH DISABILITIES MUST BE MADE TO THE COURT AT LEAST 3 JUDICIAL DAYS IN ADVANCE OF ANY SCHEDULED HEARING,

CASE NUMBER: _____

Plaintiff(s) Name / Address / Phone

Defendant(s) Name / Address / Phone

Serve on:

Attorney _____

Statutory Agent _____

Address _____

CIVIL SUMMONS

Replacement Summons

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

- 1. YOU ARE SUMMONED to appear and answer this complaint in the court named above by filing a written ANSWER and paying the required fee. The court will provide an answer form.
- 2. You must file an answer within twenty (20) calendar days, not counting the day you were served.
- 3. If the 20th day is a Saturday, Sunday, or legal holiday, the time to answer runs until the end of the next working day.
- 4. If you are served outside of Arizona you must file an answer within thirty (30) calendar days, not counting the day you were served.
- 5. IF YOU FAIL TO ANSWER, judgment maybe entered against you as requested in the complaint.
- 6. The attorney for the plaintiff (or the plaintiff, if not represented by an attorney) must e given a copy of your answer. The address is:

Plaintiff or Attorney for Plaintiff

Address

Date: _____

Justice of the Peace

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

Plaintiff or Plaintiff's Attorney

Address

Maricopa County Justice Courts, Arizona

CASE NUMBER: _____

Plaintiff(s) Name / Address / Phone

Defendant(s) Name / Address / Phone

COMPLAINT

I allege that:

This court has jurisdiction over this matter.

This court has venue because (check a box):

Defendant resides within the precinct boundaries of this court.

The debt or obligation that gives rise to this action occurred within this court's precinct, at the following location: _____

Other, pursuant to ARS 12-401.1-19: (state) _____

This is what the defendant has done to cause the damages I am claiming: (state wrongful acts)

1. _____

2. _____

3. _____

4. _____

I am asking the court to award me judgment against the defendant(s) in the sum of \$ _____
(state claimed damages)

I am also asking for reimbursement of my court costs and interest at the legal rate from the date of judgment.

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

Date: _____

Plaintiff

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