

Person Filing: \_\_\_\_\_  
Address (if not protected): \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Fax: \_\_\_\_\_

For Clerk's Use Only

## LA PAZ COUNTY JUSTICE COURT

PRECINCT 1506 / 1105 W. ARIZONA AVE, PARKER, AZ 85344

PH: (928) 669-2504 / [parkerjusticecourt@courts.az.gov](mailto:parkerjusticecourt@courts.az.gov) / [www.lapazcountyjusticecourt.com](http://www.lapazcountyjusticecourt.com)

Case Number: \_\_\_\_\_

### COMPLAINT (SMALL CLAIMS) (ARSCP 4)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
( )

vs.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
( )

Plaintiff(s) Name / Address / Phone / Email  
(The person, business, or entity that is suing)

Defendant(s) Name / Address / Phone / Email  
(The person, business, or entity being sued)

### THERE ARE NO APPEALS IN SMALL CLAIMS CASES.

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 § 22-504, subsection A, Arizona Revised Statutes, if you request such transfer at least ten days prior to the day of the scheduled hearing.

### PLAINTIFF'S CLAIM

\$\_\_\_\_\_ is the total amount owed to me by the defendant because:

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

Case Number: \_\_\_\_\_

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\_\_\_\_\_  
Date

\_\_\_\_\_  
Plaintiff Signature

**NOTICE:** If you are representing a corporation, partnership, association, or other organization, you must attach a notice of authorization.

Please inform court staff if interpreter services are required.

[ ☐ ] YES, I need interpreter services. Language: \_\_\_\_\_