

Person Filing: \_\_\_\_\_  
Address (if not protected): \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Representing [ ] Self or [ ] Lawyer for \_\_\_\_\_  
Lawyer's Bar Number: \_\_\_\_\_

For Clerk's Use Only

**LA PAZ COUNTY JUSTICE COURT OF ARIZONA**

**PRECINCT #1506, 1105 W. ARIZONA AVE, PARKER, AZ 85344 (928) 669-2504**

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

**ANSWER TO COUNTERCLAIM  
(CIVIL)**

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

vs.

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

Plaintiff(s) Name / Address / Phone /  
Email

Defendant(s) Name / Address / Phone /  
Email

1. The following named Plaintiff(s) \_\_\_\_\_  
answers Defendant's Counterclaim as follows:
2. I admit the following portion(s) of Defendant's Counterclaim: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. I deny the following portion(s) of Defendant's Counterclaim: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. I do not have enough knowledge to admit or deny the following portion(s) of Defendant's  
Counterclaim: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

5. I am asking the court to deny Defendant's Counterclaim. Defendant(s) is not entitled to judgment on the Counterclaim because: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. ☐ I am also asking for reimbursement of my court costs and/or attorneys' fees.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Plaintiff(s) Signature

\_\_\_\_\_  
Plaintiff(s) Title

**I CERTIFY** that a copy of this document will be provided by:

☐ hand-delivery ☐ first-class mail ☐ electronic means on \_\_\_\_\_  
to \_\_\_\_\_

☐ hand-delivery ☐ first-class mail ☐ electronic means on \_\_\_\_\_  
to \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Plaintiff(s) Signature

\_\_\_\_\_  
Plaintiff(s) Title