Person Filing:			
Address (if not protected):			
City, State, Zip Code:			For Clerk's Use Only
Telephone:			
Email Address:			
Representing [] Self or [] Lawyer for			
Lawyer's Bar Number:			
LA PAZ COUNTY JU	USTICE C	OURT OF ARIZ	ONA
PRECINCT #1506, 1105 W. ARIZO	ONA AVE, I	PARKER, AZ 85344	(928) 669-2504
		Case Number:	
		ANSWER (CIVII	۲)
	vs.		
	, 5.		
()			
Plaintiff(s) Name / Address / Phone / Email		Defendant(s) Name Email	e / Address / Phone /
1. The following named Defendant(s) answe	r(s) the Com	plaint as follows:	
2. I[] admit[] deny that this court has juri	sdiction over	this matter. (If denie	ed, state reason why.)
-			
3. I admit the following portion(s) of Plaintif	ff's Complain	nt:	
4. I deny the following portion(s) of Plaintiff	s Complaint:		

5. I do not have enough knowledge to admit or deny the following portion(s) of Plaintiff's Complaint:				
6. I am asking the court to deny Plaintiff's cla	im. The Plaintiff is not entitled to judgment because:			
7. [] I am also asking for reimbursement of my court costs and/or attorneys' fees.				
8. I state under penalty of perjury that the fore	egoing is true and correct			
5. I state under penanty of perjury that the fore	going is true and correct.			
Date	Defendant(s) Signature			
	Defendant(s) Title			
Please inform court staff if interpreter services	are required.			
[] YES. I need interpreter services. Language	:			
I CERTIFY that a copy of this document wil	Il he provided by:			
	•			
	electronic means on			
[] hand-delivery [] first-class mail [] o	electronic means on			
Date 1	Defendant(a) Signatura			
Date	Defendant(s) Signature			
,	Defendent(s) Title			
J	Defendant(s) Title			

Case Number: