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	JUSTICE C	COURT OF A	RIZONA		
PRECINCT #1506, 1105 W. AR	RIZONA AVE,	PARKER, AZ 8	35344 (928) 669-2504		
		Case Number	:		
		COUNTERC	CLAIM (CIVIL)		
	_				
	_ vs.				
()					
Plaintiff(s) Name / Address / Phone /	_	Defendant(s)	Name / Address / Phone /		
Email		Email	rume / rumess / r none /		
The following named Defendant(s):					
having filed an Answer to Plaintiff's C	ng filed an Answer to Plaintiff's Complaint, now counterclaim(s) against the following named at iff(s) as follows.				
. If this claim is for recovery on an assigned debt, the original owner of the debt is:					
This court has jurisdiction over this ma of the justice court, the case will be tra		-	eeds the jurisdictional limit		
4. Venue in this precinct is proper because	se:				
[] The Defendant resides in this p	recinct, or				
[] A.R.S. § 22-202 permits me to	file a lawsuit in	this venue.			

	necessary.)	. You may attach an additional page to your complaint, if			
6.	[] The amount I am requesting <u>can</u> be calculated with certainty. I am asking the court to award me judgment against Plaintiff(s) in the sum of \$				
	OR				
	[] The amount I am requesting <u>cannot</u> be calculated with certainty. I am asking the court to award me judgment against the Plaintiff(s) in the approximate sum of \$				
	Describe the damages:				
7.	I am also asking for reimbursement of the following:				
	[] Attorney's fees	\$			
	[] Pre-judgment interest	\$			
	[] Post-judgment interest	\$			
	[] Court costs	\$			
	[] Other (specify):				
		Total: \$			
8.	I state under penalty of perjury that the	foregoing is true and correct.			
Date		Defendant(s) Signature			
		Defendant(s) Title			
T() THE PLAINTIFF(S): You have 20 d	lays to respond to this Counterclaim by filing a written			
	• •	Igment may be entered against you for the relief sought			
	the party filing the Counterclaim.				

Case Number:

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

I CERTIFY that a copy of this document w	vill be provided by:
[] hand-delivery [] first-class mail [to] electronic means on
[] hand-delivery [] first-class mail [to] electronic means on
Date	Defendant(s) Signature
	Defendant(s) Title

Case Number: