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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 / www.lapazcountyjusticecourt.com

Case Number: _____

ANSWER (SMALL CLAIMS) (ARSCP 7)

()

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.

DEFENDANT'S ANSWER

You must file with this court a written answer to the complaint within 20 days after service and deliver a copy to the plaintiff. If you do not file an answer, judgment may be entered against you for the full amount of the plaintiff's claim, plus the plaintiff's court costs. You must pay a fee to the court to file an answer, although you may request a waiver or deferral. The court will schedule a hearing date and hold a hearing within 60 days after you file your answer.

I am answering on behalf of ☐ Myself ☐ Marital Community ☐ Other: _____

Case Number:

I do not owe the plaintiff because:

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slight shadow on the right side, suggesting it's resting on a surface.

Date

Defendant 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: _____

Case Number: _____

I certify that a copy of this document will be provided by

☐ hand-delivery

☐ first-class mail

☐ electronic means on _____ to the plaintiff and any other named defendants.

Date

Defendant Signature