Person Filing:	
Address (if not protected):	
City, State, Zip Code:	For Clerk's Use Only
Telephone:	
Email Address:	
Fax:	
LA PAZ COUNT	Y JUSTICE COURT
PRECINCT 1506 / 1105 W. AR	IZONA AVE, PARKER, AZ 85344
PH: (928) 669-2504 / parkerjusticecourt@co	ourts.az.gov / www.lapazcountyjusticecourt.com
	Case Number:
	SUMMONS (SMALL CLAIMS)
	(ARSCP 5(b))
	[] Replacement
	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)
court. You are summoned to appear and defend. complaint within 20 days after service and delive judgment may be entered against you for the full at costs. You must pay a fee to the court to file an ar	You must file with this court a written answer to the r a copy to the plaintiff. If you do not file an answer, mount of the plaintiff's claim, plus the plaintiff's court nswer, although you may request a waiver or deferral ed above or visit www.azcourts.gov/efilinginformation etronically.
Date	Clerk {COURT SEAL}

	Case Number:
The Statutory Agent / Corporate Officer to be serv	ved is:
Name: Address:	
Phone: Email:	

NOTICE: A separate summons must be issued and served to each defendant named in the complaint.