



Maricopa County Justice Courts, Arizona

CASE NUMBER: _____

Plaintiff(s) Name / Address / Email / Phone

Defendant(s) Name / Address / Email / Phone

Attorney for Plaintiff(s) Name / Address / Email / Phone

Attorney for Defendant(s) Name / Address / Email / Phone

SMALL CLAIMS COUNTERCLAIM

ARSCP 9

DEFENDANT'S COUNTERCLAIM IN THE AMOUNT OF \$ _____

In addition to my answer to the plaintiff's _____ complaint, I counterclaim for the amount stated for the following reasons:

Date: _____

Defendant's Signature

Please inform court staff if interpreter services are required.
 Yes, I need interpreter services. Language: _____

I CERTIFY that I delivered / mailed a copy of this document to:

Plaintiff Plaintiff's attorney Defendant Defendant's attorney

Date: _____ By _____
Signature