



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

The Statutory Agent / Corporate Officer to be served is: _____

REPLY TO COUNTERCLAIM

ARSCP 9

I do not owe the defendant because:

Date: _____
Plaintiff / Counterdefendant

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 REPLY TO COUNTERCLAIM to the Defendant.
Date: _____ By: _____ Plaintiff Counter-defendant