



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 AGREEMENT TO USE OF ATTORNEYS

ARSCP 1(c)

We, the undersigned parties in this matter, agree that Plaintiff Defendant may be represented by counsel and that all statutes and rules pertaining to procedure in the Small Claims Division of the Justice Court will be followed.

The attorney(s) representing the parties are:

Attorney for Plaintiff

The following address may be used for all court notices:

Name: _____

Address: _____

City, State, Zip: _____

E-Mail : _____

Phone #: _____

Bar #: _____

Attorney for Defendant

The following address may be used for all court notices:

Name: _____

Address: _____

City, State, Zip: _____

E-Mail : _____

Phone #: _____

Bar #: _____

Date: _____
Plaintiff

Date: _____
Defendant