



# 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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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