



MARICOPA COUNTY JUSTICE COURTS

If you want to file a...

SMALL CLAIMS COUNTERCLAIM



MARICOPA COUNTY JUSTICE COURTS

A counterclaim is a claim made by the defendant against the plaintiff. A counterclaim should be filed at the same time the defendant's answer is filed (Refer to the Small Claims Answer packet). **If you have already filed an Answer**, you must transfer to the Civil Division to seek permission to file a counterclaim.

If the amount of your counterclaim **exceeds \$3,500.00**, the case will be **transferred to the Civil Division of the Justice Court**.
If the amount of the counterclaim **exceeds \$10,000.00** the case will be **transferred to the Superior Court**.

Please STOP...

- If you have not yet received a Small Claims Complaint and you have not filed an Answer to the Complaint.
- If there has already been a Judgment rendered.
- If you have already filed an Answer.

Please PROCEED

If you are within the prescribed time limit of filing a counterclaim and are filing an answer.

FORMS Needed:

Small Claims Counterclaim

INSTRUCTIONS

- 1) Complete the form(s)
- 2) Make copies of the Answer form and Counterclaim form. The court will require an original of each and you may wish to have copies; additionally each named plaintiff will need a copy.
- 3) File papers with the Court.
- 4) Pay the answer fee. There is no fee for the counterclaim. If you cannot afford to pay the required fee, an application for waiver/deferral may be filed if applicable.
- 5) Deliver/Mail a copy to the plaintiff(s).

It is important that all parties keep the Court informed of any changes to their contact information. A Contact Information Update form must be filed with the Court.

Visit us at <http://justicecourts.maricopa.gov> for additional filing information and online forms.



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