



Maricopa County Justice Courts, Arizona

CASE NUMBER: _____

Plaintiff(s) Name / Address / Email / Phone

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

Defendant(s) Name / Address / Email / Phone

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

SMALL CLAIMS MOTION TO VACATE JUDGMENT

ARSCP 16

I am the Plaintiff Plaintiff's Attorney

I am the Defendant Defendant's Attorney

Pursuant to ARSCP 16(a), I would like the court to vacate the Judgment because (please attach additional page(s) if more room is needed):

Date: _____

Plaintiff Defendant

If you are filing this motion:

The motion is required to be delivered to the other party on the date of filing with the court.

If you were served this motion:

You have 15 calendar days from date of mailing of this motion to file a written response, if you wish to do so. If no response is given, the court will consider the relief requested and will enter an order without hearing any objection you may have.

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

Plaintiff Plaintiff's attorney Defendant Defendant's attorney

Date: _____ By _____
Signature