Maricopa County Justice Courts, Arizona

Please select court from the drop down list ----------

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