Please select court from the drop down list $\qquad$
CASE NUMBER: $\qquad$

Plaintiff(s) Name / Address / Email / Phone
Defendant(s) Name / Address / Email / Phone
2nd Named Defendant:
3rd Named Defendant: $\qquad$

## SMALL CLAIMS COMPLAINT <br> ARSCP 4

WARNING: THERE ARE NO APPEALS IN SMALL CLAIMS CASES. You do not have the right to appeal the decision of the Hearing Officer or the Justice of the Peace in the Small Claims Division of this court. If you wish to preserve your right to appeal, you may have your case transferred to the Civil Division of this court. If you request such transfer, allow at least 10 business days prior to the day of the scheduled hearing. ARS 22-504, ARSCP 11(a)

This court has venue over this matter because:Defendant resides in this precinct.The debt, transaction or incident that resulted in this claim occurred in this precinct at the following location (ARS 22-202):
\$ $\qquad$ is the total amount owed me by defendant because (please attach additional page(s) if more room is needed):
$\qquad$
$\qquad$
$\qquad$
$\qquad$
$\qquad$
$\qquad$
$\qquad$
$\qquad$

To the best of my knowledge and belief:

Date:
Plaintiff (signature)

Please inform court staff if interpreter services are required.
$\square$ Yes, I need interpreter services. Language:

NOTICE: If you are representing a partnership, association or any other organization, provide the court with a notice stating your position and authority to represent this action.

