

	CASE NUMBER:	
Plaintiff(s) Name / Address / Email / Phone	Defendant(s) Name / Address / Email / Phone	
	2nd Named Defendant:	
	3rd Named Defendant:	
	SMALL CLAIMS COMPLAINT	ARSCP 4
	r case transferred to the Civil Division of this court. If you for to the day of the scheduled hearing. ARS 22-504, ARS	
☐ Defendant resides in this pre	cinct.	
☐ The debt, transaction or incid	dent that resulted in this claim occurred in this precinct at the f	following location (ARS 22-202)
\$is the total amount owe	ed me by defendant because (please attach additional page(s) if mor	re room is needed):
to the best of my knowledge and belief:		
Date:Plaintiff (signa	ature)	
Please inform court staff if interpreter	services are required.	

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.

Yes, I need interpreter services. Language: _