Print Form

Pinal County Justice Courts, State of Arizona

SELECT A COURT FROM THE DROP DOWN ARROW AT RIGHT >>>>>>

DEFENDANT'S COUNTERCLAIM

Case Number: _____

_____ _____ _____ _____ Plaintiff(s) Name / Address / Phone	_____ _____ _____ _____ Defendant(s) Name / Address / Phone
_____ _____ _____ _____ Plaintiff Attorney Name / Address / Phone	_____ _____ _____ _____ Defendant Attorney Name / Address / Phone

The Defendant, having filed an answer to the Plaintiff's complaint, also files a counterclaim against the Plaintiff as follows:

Therefore, Defendant asks for judgment against the Plaintiff in the sum of $ _____, including court costs and interest at the legal rate from the date of judgment.

NOTE TO PLAINTIFF: *If you fail to file a reply to the counterclaim, judgment may be entered against you as requested in this counterclaim.*

CERTIFICATE OF SERVICE

I hereby CERTIFY that I mailed a copy of this COUNTERCLAIM to the Plaintiff (or Plaintiff's attorney).

_____ _____

Date Defendant

Reset Form