

Maricopa County Justice Courts, Arizona

		CASE NUMBER	:	
()	<u>-</u>	() -		
Plaintiff(s) Name / Addr The Statut	ess / Phone ory Agent / Corporate Officer	Defendant(s) Name / Address / Phone to be served is:	ŧ	
	· ·	AS COMPLAINT / SUMMONS / ANSW	ER	
the Hearing Officer appeal, you may ha	or the Justice of the Peace i ve your case transferred to t	L CLAIMS CASES. You do not have n Small claims (Division) Court. If you he Civil Division of the Justice Court days prior to the day of the schedule	ou wish to preserve your right to t pursuant to <u>ARS 22-504,</u> if you	0
written ANSWER in t	MED DEFENDANT(S): You ar he court named above. If you	NOTICE AND SUMMONS e directed to answer this complaint with do not answer or defend, you run the ris sts. A filing fee must be paid at the time	sk of having a judgment entered a	
Date:	Clerk:		(SEAL)	
		ersons with disabilities must be ance of any scheduled hearing.		
Date:	Plaintiff:			
		DEFENDANT'S ANSWER nust be paid at the time your answer is filed.	I do not owe the plaintiff beca	iuse:
Date:	Defendant(s):			
I CERTIFY that I de above address. Date:	elivered / mailed a copy of this SM By:	ALL CLAIMS COMPLAINT / SUMMONS / A	ANSWERS to the Plaintiff at the Defendant	

SC 8150-300 R: 7/23/10