Print Form

Pinal County Justice Courts, State of Arizona

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

PLAINTIFF'S RESPONSE TO COUNTERCLAIM

Case Number: _____

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

The Plaintiff, having received the Defendant's counterclaim wishes to respond. The Plaintiff does not owe the Defendant because:

_____ _____

Date Plaintiff

CERTIFICATE OF SERVICE

I hereby certify that I mailed a copy of this REPLY to COUNTERCLAIM to the Defendant (or Defendant's attorney) as listed above.

_____ _____

Date Plaintiff