

Pinal County Justice Courts, State of Arizona

**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