



# Pinal County Justice Courts, State of Arizona

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Name of Person Filing / Address / Phone /  
Email

For Clerk's Use Only

<b>COMPLAINT (Small Claims)</b>	<b>ARSCP 4</b>
Case Number: _____	
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Plaintiff(s) Name / Address / Phone / Email <b>(The Person, Business, Entity that is suing)</b>	Defendant(s) Name / Address / Phone / Email <b>(The Person, Business, Entity being sued)</b>

### **THERE ARE NO APPEALS IN SMALL CLAIMS CASES.**

Warning—you do not have the right to appeal the decision of the hearing officer or the justice of the peace in a small claims court. If you wish to preserve your right to appeal, you may have your case transferred to the justice court pursuant to § 22-504, subsection A, Arizona Revised Statutes, if you request such transfer at least ten days prior to the day of the scheduled hearing.

### **PLAINTIFF'S CLAIM**

\$ \_\_\_\_\_ is the total amount owed to me by the defendant because:

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Case Number: \_\_\_\_\_

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\_\_\_\_\_  
Date

\_\_\_\_\_  
Plaintiff Signature

**NOTICE:** If you are representing a corporation, partnership, association, or other organization, you must attach a notice of authorization.

Please inform if interpreter services are required:

Yes, I need interpreter services. Language:\_\_\_\_\_.