



Pinal County Justice Courts, State of Arizona

Name of Person Filing / Address / Phone /
Email

For Clerk's Use Only

COUNTERCLAIM (Small Claims) ARSCP 9

Case Number: _____	
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>
Plaintiff(s) Name / Address / Phone / Email (The person, business or entity that is suing)	Defendant(s) Name / Address / Phone / Email (The person, business or entity that is suing)

Defendant's counterclaims in the amount of \$_____.

In addition to my answer to the plaintiff's complaint, I counterclaim for the amount listed above for the following reasons:

Case Number: _____

Date

Defendant Signature

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

I certify that a copy of this document will be provided by

hand-delivery

first-class mail

electronic means on _____ to the plaintiff and any other named defendants.

Date

Defendant Signature