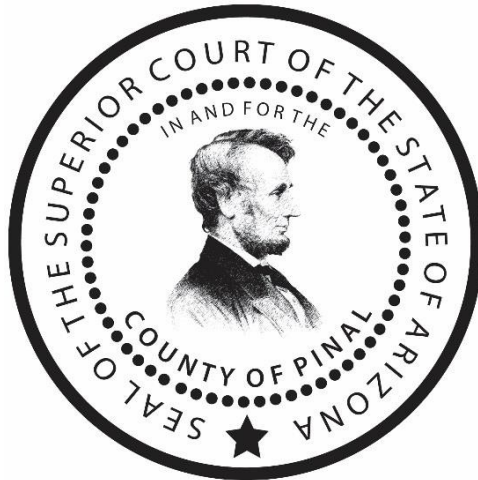


# BLANK CIVIL PACKET



## PINAL COUNTY

### INSTRUCTIONS AND FORMS

Provided as a Public Service by  
Amanda Stanford  
Clerk of the Superior Court

Name of Person Filing: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
ATLAS Number (if applicable) \_\_\_\_\_

Representing Self (No Attorney) or  Represented by Attorney  
If Attorney, Bar Number: \_\_\_\_\_

**SUPERIOR COURT OF ARIZONA  
PINAL COUNTY**

\_\_\_\_\_ CASE NUMBER: S1100CV2

\_\_\_\_\_ SUMMONS

\_\_\_\_\_ TO THE ABOVE NAMED  
DEFENDANT(S)

HONORABLE: \_\_

**WARNING: This is an official document from the court that affects your rights. Read this carefully. If you do not understand it, contact a lawyer for help.**

**FROM THE STATE OF ARIZONA TO:** \_\_\_\_\_  
Name of Defendant

**YOU ARE HEREBY SUMMONED** and required to appear and defend, in the above entitled action within TWENTY (20) DAYS, after the service of the Summons and Complaint upon you, exclusive of the day of served. If served outside the State of Arizona, you shall appear and defend within THIRTY (30) days, exclusive the day of service.

In order to appear and defend, you must file a proper response or answer in writing with the Clerk of this Court, accompanied by the required filing fee. Failure to so appear and defend will result in a judgment by default being rendered against you for the relief requested in the Complaint.

A copy of the complaint may be obtained from the Pinal County Clerk of the Superior Court 971 Jason Lopez Circle, Building A, PO Box 2730, Florence AZ 85132.

Requests for reasonable accommodations for persons with disabilities must be made to the Division assigned to the case by parties at least three (3) judicial days in advance of a scheduled court processing.

You are required by law to serve a copy of your response or answer upon the Plaintiff(s) addressed as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

GIVEN UNDER MY HAND AND THE SEAL OF THE COURT \_\_\_\_\_.

**AMANDA STANFORD**  
Clerk of the Superior Court

By \_\_\_\_\_  
**(DEPUTY CLERK)**

Name of Person Filing: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

ATLAS Number (if applicable) \_\_\_\_\_

Representing Self (No Attorney) or  Represented by Attorney

If Attorney, Bar Number: \_\_\_\_\_

**SUPERIOR COURT OF ARIZONA  
PINAL COUNTY**

CASE NUMBER: S1100

\_\_\_\_\_  
Name of Plaintiff

**CERTIFICATE OF  
COMPULSORY ARBITRATION**

\_\_\_\_\_  
Name of Defendant

The undersigned certifies that the largest award sought by the complainant, including punitive damages, but excluding interest, attorneys' fee, and costs  **DOES**  **DOES NOT** (*CHECK ONE*) exceed limits set by Local Rule for compulsory arbitration.

This case  **IS**  **IS NOT** (*CHECK ONE*) subject to the Uniform Rules of Procedures for Arbitration.

Date: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Attorney / Plaintiff)

**In the Superior Court of the State of Arizona  
In and For the County of \_\_\_\_\_**

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

**CIVIL COVER SHEET- NEW FILING ONLY**  
(Please Type or Print)

Plaintiff's Attorney \_\_\_\_\_

Attorney Bar Number \_\_\_\_\_

Plaintiff's Name(s): (List all)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Plaintiff's Address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(List additional plaintiffs on page two and/or attach a separate sheet).

Defendant's Name(s): (List All) \_\_\_\_\_  
\_\_\_\_\_

(List additional defendants on page two and/or attach a separate sheet)

**RULE 26.2 DISCOVERY TIER OR MONETARY RELIEF CLAIMED:**

**IMPORTANT: Any case category that has an asterisk (\*) MUST have a dollar amount claimed or Tier selected.** State the monetary amount in controversy or place an "X" next to the discovery tier to which the pleadings allege the case would belong under Rule 26.2.

Amount Claimed \$ \_\_\_\_\_       Tier 1       Tier 2       Tier 3

**NATURE OF ACTION**

Place an "X" next to the **one** case category that most accurately describes your primary case. **Any case category that has an asterisk (\*) MUST have a dollar amount claimed or Tier selected as indicated above.**

**TORT MOTOR VEHICLE:**

- Non-Death/Personal Injury\*
- Property Damage\*
- Wrongful Death\*

- Malpractice – Other professional\*
- Premises Liability\*
- Slander/Libel/Defamation\*
- Other (Specify) \_\_\_\_\_\*

**TORT NON-MOTOR VEHICLE:**

- Negligence\*
- Product Liability – Asbestos\*
- Product Liability – Tobacco\*
- Product Liability – Toxic/Other\*
- Intentional Tort\*
- Property Damage\*
- Legal Malpractice\*

**MEDICAL MALPRACTICE:**

- Physician M.D.\*       Hospital\*
- Physician D.O.\*       Other\*

**CONTRACTS:**

- Account (Open or Stated)\*
- Promissory Note\*
- Foreclosure\*

- Buyer-Plaintiff\*
- Fraud\*
- Other Contract (e.g., Breach of Contract)\*
- Excess Proceeds – Sale\*
- Construction Defects (Residential/Commercial)\*
  - Six to Nineteen Structures\*
  - Twenty or More Structures\*
- Credit Card Debt (Maricopa County Filings Only)\*

**OTHER CIVIL CASE TYPES:**

- Eminent Domain/Condemnation\*
- Eviction Actions (Forcible and Special Detainers)\*
- Change of Name
- Transcript of Judgment
- Foreign Judgment
- Quiet Title\*
- Forfeiture\*
- Election Challenge
- NCC – Employer Sanction Action (A.R.S. §23-212)
- Injunction against Workplace Harassment
- Injunction against Harassment
- Civil Penalty
- Water Rights (Not General Stream Adjudication)\*
- Real Property\*
- Special Action against Lower Courts  
(See lower court appeal cover sheet in Maricopa)
- Immigration Enforcement Challenge (A.R.S. §§1-501, 1-502, 11-1051)

**UNCLASSIFIED CIVIL:**

- Administrative Review  
(See lower court appeal cover sheet in Maricopa)
- Tax Appeal  
(All other tax matters must be filed in the AZ Tax Court)
- Declaratory Judgment
- Habeas Corpus
- Landlord Tenant Dispute – Other\*
- Declaration of Factual Innocence (A.R.S. §12-771)
- Declaration of Factual Improper Party Status
- Vulnerable Adult (A.R.S. §46-451)\*
- Tribal Judgment
- Structured Settlement (A.R.S. §12-2901)
- Attorney Conservatorships (State Bar)
- Unauthorized Practice of Law (State Bar)
- Out-of-State Deposition for Foreign Jurisdiction
- Secure Attendance of Prisoner
- Assurance of Discontinuance
- In-State Deposition for Foreign Jurisdiction
- Eminent Domain – Light Rail Only\*
- Interpleader – Automobile Only\*
- Delayed Birth Certificate (A.R.S. §36-333.03)
- Employment Dispute – Discrimination\*
- Employment Dispute – Other\*
- Verified Rule 45.2 Petition
- Other (Specify)\* \_\_\_\_\_

**EMERGENCY ORDER SOUGHT:**

- Temporary Restraining Order
- Provisional Remedy
- OSC
- Election Challenge
- Employer Sanction
- Other (Specify) \_\_\_\_\_

**COMMERCIAL COURT (Maricopa County Only)**

This case is eligible for the commercial court under Rule 8.1, and plaintiff requests assignment of this case to the commercial court. More information on the commercial court, including the most recent forms, are available on the court's website at <https://www.superiorcourt.maricopa.gov/commercial-court/>.

Additional Plaintiff(s)

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Additional Defendant(s)

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### **Draft your own Petition:**

When you wish to submit a pleading or motion (a request) and the Clerk of the Court does not have the form, you may utilize the Blank Title Page to write your motion.

Page 1: List rules that must be followed when writing your own pleadings

Page 2: Is an example of the format your pleading need to adhere to.

Page 3: Blank Title Page to begin your pleading.

### **Pinal County Local Rule 2.1 (b) requires all documents filed in this court must adhere to Rule 10(d), Arizona Rules of Civil Procedures:**

All pleadings must be written on 8 ½” X 11” white, opaque, unglazed paper. The top margin of the first page not less than 2 inches; a margin at the top of each subsequent page of not less than 1 ½ inches; a left-hand margin of not less than 1 inch; a right-hand margin of not less than ½ inch; and a margin at the bottom of the page of not less than ½ inch.

All pleadings and other papers filed, other than printed forms, shall be clearly handwritten in black ink only or typewritten on one side of the page only. The body of all documents shall be double-spaced and shall not exceed 28 lines per page, except for headings, quotations and footnotes, which may be single-spaced.

Please reference Rule 10(d), Rules of Civil Procedures for complete definition of this rule.

### **Making sure the other party receives notice:**

When submitting original pleadings to the court it is the responsibility of the party filing the documents to mail, unless otherwise indicated, upon the other party in the case copies of such pleadings.

### **Submitting Pleadings to the Court**

All **ORIGINAL** motions should be mailed to the Office of the Clerk of the Superior Court at the following address:

AMANDA STANFORD  
Clerk of the Superior Court  
PO Box 2730, Florence AZ 85132

**SAMPLE FORM**

**TOP MARGIN 2" ↑**

**←LEFT MARGIN 1"**

**RIGHT MARGIN 1/2" →**

Name of Person Filing: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Representing Self (No Attorney) or  Represented by Attorney

If Attorney, Bar Number: \_\_\_\_\_

**SUPERIOR COURT OF ARIZONA  
PINAL COUNTY**

In the Matter of:

\_\_\_\_\_  
Petitioner/Plaintiff Name(s)

**CASE NUMBER:** Your Existing Case Number  
(Leave Blank if you have no existing case)

**Title of Document or Pleading**  
(Title should be your main purpose for filing)  
Example: Motion to Continue (what)  
Request to Change (what)  
Notice of (notifying the court of what)

\_\_\_\_\_  
Respondent/Defendant Name(s)

**HONORABLE:** \_

**Explain what you need and why.**

DOCUMENTS MUST BE ON: WHITE, OPAQUE, UNGLAZED PAPER MEASURING  
8.5" X 11", TYPED OR WRITTEN IN BLACK INK (WRITING NEEDS TO BE  
LEGIBLE), NO DOUBLE-SIDED DOCUMENTS

\_\_\_\_\_  
Date

\_\_\_\_\_  
Original Signature

On last page of pleading you must list all parties  
involved in case and mail copy:

Copy mailed / distributed on (date) to:

**BOTTOM MARGIN 1/2" ↓**





