



## MARICOPA COUNTY JUSTICE COURTS

If you want to file a...

# SMALL CLAIMS COUNTERCLAIM



# MARICOPA COUNTY JUSTICE COURTS

A counterclaim is a claim made by the defendant against the plaintiff. The defendant may file a counterclaim against the plaintiff that is based on the same event described in the plaintiff's complaint or based on a different event. A counterclaim may be filed at the same time the defendant's answer is filed or must be filed within 20 days of service of the summons. (Refer to the Small Claims Answer packet).

If the amount of your counterclaim **exceeds \$3,500.00**, the case will be **transferred to the civil division of the justice court**. If the amount of the counterclaim **exceeds \$10,000.00** the case will be **transferred to the Superior Court**.

## **Please STOP...**

If you have not yet received a small claims complaint and you have not filed an Answer to the complaint.  
If there has already been a judgment rendered.

## **Please PROCEED**

If you are within the prescribed time limit of filing a Counterclaim and are filing an Answer.

## **FORMS Needed:**

Small Claims Counterclaim

## **INSTRUCTIONS**

- 1) Complete the form(s)
- 2) Make copies of the answer form and counterclaim form. The court will require an original of each and you may wish to have copies; additionally each named plaintiff will need a copy.
- 3) File papers with the court clerk
- 4) Pay the answer fee. There is no fee for the counterclaim.
- 5) Mail the copies to the plaintiff(s).

**IT IS IMPORTANT THAT ALL PARTIES KEEP THE COURT APPRISED OF ANY CHANGE IN ADDRESS A NOTICE OF CHANGE OF ADDRESS** form must be filed with the court when a party changes their address.

Visit us at <http://justicecourts.maricopa.gov/> for additional filing information and online forms.



# Maricopa County Justice Courts, Arizona

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

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

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

Plaintiff(s) Name / Address / Email / Phone

Defendant(s) Name / Address / Email / Phone

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

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

Attorney for Plaintiff(s) Name / Address / Email / Phone

Attorney for Defendant(s) Name / Address / Email / Phone

## SMALL CLAIMS COUNTERCLAIM

ARSCP 9

DEFENDANT'S COUNTERCLAIM IN THE AMOUNT OF \$ \_\_\_\_\_

In addition to my answer to the plaintiff's \_\_\_\_\_ complaint, I counterclaim for the amount stated for the following reasons:

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

Defendant's Signature

Please inform court staff if interpreter services are required.  
 Yes, I need interpreter services. Language: \_\_\_\_\_

I CERTIFY that I delivered / mailed a copy of this document to:

Plaintiff       Plaintiff's attorney       Defendant       Defendant's attorney

Date: \_\_\_\_\_ By \_\_\_\_\_  
Signature