



**MARICOPA COUNTY JUSTICE COURT**

**If you want to file a...**

**REPLY TO A  
CIVIL CASE  
COUNTERCLAIM**





## MARICOPA COUNTY JUSTICE COURT

A counterclaim is a claim made by the defendant against the plaintiff. If the defendant files a counterclaim, you (the plaintiff, *counter-defendant*) have **TWENTY (20) calendar days** from the date received in which to file a **Reply to Counterclaim**. There is no fee to file the Reply to Counterclaim.


**There is no fee to file a counterclaim.**

### **A DEFAULT JUDGMENT MAY BE ENTERED FOR FAILURE TO ANSWER THE COUNTERCLAIM**

**Please STOP...**

	If you have not received a counterclaim.
	If your time to answer has expired and there has already been a judgment rendered.

**Please PROCEED...**

	If you are within the time allowed for filing a Reply to Counterclaim.
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**FORMS Needed:**

<input checked="" type="checkbox"/>	Reply to Counterclaim
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## MARICOPA COUNTY JUSTICE COURT

### INSTRUCTIONS:

- 1) Complete the form and make copies. The court will require an original and you may wish to keep a copy; additionally each named defendant will need a copy of your answer.
- 2) File (or mail) the original form with the court clerk
- 3) Mail copies to the defendant(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 [www.superiorcourt.maricopa.gov/justicecourts](http://www.superiorcourt.maricopa.gov/justicecourts) for additional filing information and online forms.

# Maricopa County Justice Courts, State of Arizona

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Plaintiff(s) Name / Address / Phone

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Defendant(s) Name / Address / Phone

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Attorney for Plaintiff(s) Name / Address / Phone

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Attorney for Defendant(s) Name / Address / Phone

## REPLY TO COUNTERCLAIM

I am responding on behalf of:

Myself

Marital Community

Partnership

Other: \_\_\_\_\_

I admit the following portion(s) of Counterclaimant / Defendant's counterclaim:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Counterclaimant / Defendant is not entitled to judgment on the counterclaim because:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

I am asking the court to deny Counterclaimant / Defendant's counterclaim. I am also asking for reimbursement of my court costs.

I state under penalty of perjury that the foregoing is true and correct.

Date: \_\_\_\_\_  
Counter-Defendant / Plaintiff

I CERTIFY that on this same date I have mailed / will mail a copy of this REPLY TO COUNTERCLAIM to:

Counterclaimant / Defendant at the above address or  Counterclaimant / Defendant's attorney

Date: \_\_\_\_\_ By: \_\_\_\_\_  
Counter-Defendant / Plaintiff