

DEFENDANT'S ATTORNEY INFORMATION:

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

Name/Bar#/ Address/Phone

PIMA COUNTY JUSTICE COURTS, STATE OF ARIZONA

GREEN VALLEY JUSTICE COURT 601 N. La Cañada Dr., Green Valley, AZ 85614 (520) 648-0658

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

Plaintiff(s) Name/Address/Phone  
V.

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

Defendant(s) Name/Address/Phone

**CASE NUMBER** \_\_\_\_\_  
**ANSWER**  
**CIVIL**

PLAINTIFF(S) ATTORNEY INFORMATION:

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

Name/Bar #/ Address/Phone

1. The following named Defendant(s) answer(s) the complaint as follows: \_\_\_\_\_  
\_\_\_\_\_

2.  admit  deny that this court has jurisdiction over this matter. (If denied, state reason why.) \_\_\_\_\_  
\_\_\_\_\_

3. I admit the following portion(s) of plaintiff's complaint: \_\_\_\_\_  
\_\_\_\_\_

4. The plaintiff is not entitled to judgment because: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. I am asking the court to deny plaintiff's claim. I am also asking for reimbursement of my court costs.

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

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

\_\_\_\_\_  
Signature

**CERTIFICATE OF MAILING**

Defendant certifies that a copy of this Answer will be mailed/delivered to the  Plaintiff(s) or  Plaintiff's Attorney at the address listed.

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

Defendant: \_\_\_\_\_  
Signature