Person Filing:

For Clerk’s Use Only

Address (if not protected):

City, State, Zip Code:

Telephone:

Email Address:

Fax:

  **JUSTICE COURTS, ARIZONA**

|  |  |  |
| --- | --- | --- |
|  ( )  Plaintiff(s) Name / Address / Phone / Email (The person, business, or entity that is suing) | vs. | Case Number: **COMPLAINT (SMALL CLAIMS)**(ARSCP 4) ( )  Defendant(s) Name / Address / Phone / Email (The person, business, or entity being sued) |

**THERE ARE NO APPEALS IN SMALL CLAIMS CASES.**

Warning—you do not have the right to appeal the decision of the hearing officer or the justice of the peace in a small claims court. If you wish to preserve your right to appeal, you may have your case transferred to the justice court pursuant to § 22-504, subsection A, Arizona Revised Statutes, if you request such transfer at least ten days prior to the day of the scheduled hearing.

**PLAINTIFF’S CLAIM**

**$** is the total amount owed to me by the defendant because:

Date Plaintiff Signature

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

Please inform court staff if interpreter services are required.

[ ] YES, I need interpreter services. Language: