IN THE GLOBE REGIONAL JUSTICE COURT
IN AND FOR THE COUNTY OF GILA

Plaintiff(s): (Name, Address, Phone)	Defendant(s): (Name, Address, Phone)	Case No. J0403 CV _____
_____	_____	SMALL CLAIMS / CIVIL
_____	_____	SUMMONS / COMPLAINT / ANSWER
_____	_____	
_____	_____	
_____	_____	

NOTICE AND SUMMONS

To the above-named DEFENDANT(S): YOU ARE DIRECTED TO ANSWER WITHIN TWENTY (20) DAYS **the claim made against you. Write your Answer in the space provided and file it in the Small Claims / Civil Division of the Court named above. Failure to Answer and pay the filing fee may result in a judgment being entered against you.**

(seal)

Date: _____ **Clerk:** _____

PLAINTIFF'S COMPLAINT

The Defendant owes me: _____

The incident occurred at: _____
Address, City, County

On or about: _____ **as stated**:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Date: _____ **Plaintiff:** _____

DEFENDANT'S ANSWER

I do not owe the Plaintiff because:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Date: _____ **Defendant:** _____

NOTICE OF SERVICE

Plaintiff: I certify that I will serve or mail (by certified mail) this Complaint to the Defendant.

By: _____

Date: _____

Defendant: I certify that I will serve or mail this Answer to the Plaintiff at the stated address.

By: _____

Date: _____

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 ARS §22-504, SUBSECTION A, IF YOU REQUEST SUCH TRANSFER AT LEAST TEN DAYS PRIOR TO THE DATE OF THE SCHEDULED HEARING.

NOTE: Requests for reasonable accommodation for persons with disabilities must be made to the Small Claims / Civil Clerk by parties at least three (3) judicial days in advance of a hearing.