Globe Regional Justice Courts
State of Arizona

DEFENDANT'S COUNTERCLAIM

Case Number:

Plaintiff(s) **Name / Address / Phone**	**Defendant(s)** **Name / Address / Phone**
Plaintiff Attorney **Name / Address / Phone**	**Defendant Attorney** **Name / Address / Phone**

The Defendant, having filed an Answer to the Plaintiff's Complaint, also files a Counterclaim against the Plaintiff as follows:

Therefore, Defendant asks for Judgment against the Plaintiff in the sum of $_____, including court costs and interest at the legal rate from the date of judgment.

Date: _____ **_____**
Defendant

NOTE TO PLAINTIFF: If you fail to file a reply to the Counterclaim, Judgment may be entered against you as requested in this Counterclaim.

CERTIFICATE OF SERVICE

I hereby CERTIFY that I mailed a copy of this COUNTERCLAIM to the Plaintiff (or Plaintiff's attorney).

Date: _____ **_____**
Defendant