GILA COUNTY JUSTICE COURTS, STATE OF ARIZONA

PAYSON JUSTICE COURT - 714 S. BEELINE HWY. #103 - PAYSON, AZ 85541

Plaintiff Name:_____ _____ Address:_____ _____ Phone( )_____	Defendant Name:_____ _____ Address:_____ _____ Phone ( )_____	CASE NO. _____ **SUMMONS** **FORCIBLE DETAINER**

NOTE: If you fail to appear, a default judgment will likely be entered against you, the tenant, granting the relief specifically requested in this complaint, including removing you, the tenant, from the property!

Requests for reasonable accommodation for persons with disabilities should be made to the court as soon as possible.

SUMMONS

You are summoned to appear and defend this action in the Court above.

Trial date:_____, 20____ Time:_____:_____ _P_.m.

Dated:_____ _____

Justice of the Peace

CERTIFICATE OF SERVICE

Date Received: _____Date Served:_____ Time Served:_____
Person Served:_____
Location where Served:_____
County of Gila

_____I certify that I personally served this document and a copy of the Complaint in this action as stated above.

_____I was unable to locate the defendant(s). I mailed a copy of the Summons and Complaint to the defendants(s) by regular and certified mail and I posted a copy of the Summons and Complaint to the front of the door of their residence on _____ _____, 20___.

Dated:_____ _____

Constable/Process Server

STATEMENT OF COSTS

Service Fee $_____Mileage Fee $_____Other $_____TOTAL $_____