

PLAINTIFF(S) ATTORNEY INFORMATION:

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

Name/Address/Phone

PIMA COUNTY JUSTICE COURTS, STATE OF ARIZONA

AJO JUSTICE COURT – 111 LA MINA AVENUE – AJO, AZ 85321 (520)387-7684

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

CASE NUMBER \_\_\_\_\_

Plaintiff(s) Name/Address/Phone

V.

**SUMMONS**

**CIVIL**

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

Defendant(s) Name/Address/Phone

THE STATE OF ARIZONA TO THE ABOVE NAMED DEFENDANT(S):

1. You are summoned to respond to this complaint by filing an answer with this court and paying the court’s required fee. If you cannot afford to pay the required fee, you can request the court to waive or to defer the fee.
2. If you were served with this summons in the State of Arizona, the court must receive your answer to the complaint within twenty (20) calendar days from the date you were served. If you were served outside the State of Arizona, the court must receive your answer to the complaint within thirty (30) days from the date of service. If the last day is a Saturday, Sunday, or holiday, you will have until the next working day to file your answer. When calculating time, do not count the day you were served with the summons.
3. This court is located at (physical address): \_\_\_\_\_
4. Your answer must be in writing. (a) You may obtain an answer form from the court listed above, or on the Self-Service Center of the Arizona Judicial Branch website at <http://www.azcourts.gov/> under the “Public Services” tab. (b) You may visit <http://www.azturbocourt.gov/> to prepare your answer electronically; this requires payment of an additional fee. (c) You may also prepare your answer on a plain sheet of paper, but your answer must include the case number, the court location, and the names of the parties.
5. You must provide a copy of your answer to the plaintiff(s) or to the plaintiff’s attorney.

IF YOU FAIL TO FILE A WRITTEN ANSWER WITH THE COURT WITHIN THE TIME INDICATED ABOVE, A DEFAULT JUDGMENT MAY BE ENTERED AGAINST YOU, AS REQUESTED IN THE PLAINTIFF(S) COMPLAINT.

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

\_\_\_\_\_  
Judge’s Signature

{ COURT SEAL }

**REQUEST FOR REASONABLE ACCOMMODATION FOR PERSONS WITH DISABILITIES MUST BE MADE TO THE COURT AS SOON AS POSSIBLE BEFORE A COURT PROCEEDING.**