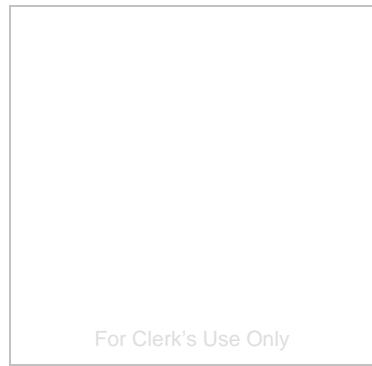


Person Filing: _____
Address (if not protected): _____
City, State, Zip Code: _____
Telephone: _____
Email Address: _____
ATLAS Number: _____
Lawyer's Bar Number: _____



Representing Self, without a Lawyer or Attorney for Plaintiff OR Defendant

SUPERIOR COURT OF ARIZONA MARICOPA COUNTY

Name of Plaintiff(s)

Case Number: _____

ANSWER

Name of Defendant(s)

For Defendant's Answer to Plaintiff's Complaint, Defendant, _____, admits, denies and alleges as follows:

1. The allegations in paragraph ONE in the Complaint, I:

ADMIT as true, Deny, State I have insufficient information to determine whether true or false.

2. The allegations in paragraph TWO in the Complaint, I:

ADMIT as true, Deny, State I have insufficient information to determine whether true or false.

3. The allegations in paragraph THREE in the Complaint, I:

ADMIT as true, Deny, State I have insufficient information to determine whether true or false.

4. The allegations in paragraph FOUR in the Complaint, I:

ADMIT as true, Deny, State I have insufficient information to determine whether true or false.

5. The allegations in paragraph FIVE in the Complaint, I:

ADMIT as true, Deny, State I have insufficient information to determine whether true or false.

6. The allegations in paragraph SIX in the Complaint, I:

ADMIT as true, Deny, State I have insufficient information to determine whether true or false.

7. The allegations in paragraph SEVEN in the Complaint, I:

ADMIT as true, Deny, State I have insufficient information to determine whether true or false.

8. The allegations in paragraph EIGHT in the Complaint, I:

ADMIT as true, Deny, State I have insufficient information to determine whether true or false.

9. The allegations in paragraph NINE in the Complaint, I:

ADMIT as true, Deny, State I have insufficient information to determine whether true or false.

10. The allegations in paragraph TEN in the Complaint, I:

ADMIT as true, Deny, State I have insufficient information to determine whether true or false.

(If you need more space, add an attachment labeled "Civil Answer," and continue consecutive numbering.)

Defendant's GENERAL DENIAL: Defendant denies anything stated in the Complaint that Defendant has not specifically admitted, qualified, or denied.

DEFENSES and DENIALS

A. Defendant alleges that the claims for relief stated in the Complaint are, or may be, barred by reason of (check any that apply):

- Lack of personal jurisdiction.
- Lack of subject matter jurisdiction.
- Insufficient service of process
- Failure to state a claim upon which relief can be granted.
- Accord and satisfaction.
- Arbitration and award.
- Assumption of risk.

- Contributory negligence
- Duress
- Estoppel
- Failure of consideration
- Fraud
- Illegality
- Laches
- License
- Payment
- Release
- Res judicata
- Statute of Frauds
- Statute of Limitations
- Waiver
- Other Defenses are listed and explained below.

Defendant reserves the right to amend this Answer at a later time to assert any matter constituting an avoidance or affirmative defense including, without limitation, those affirmative defenses set forth in Rule 8(d), Arizona Rules of Civil Procedure, as discovery shows to be applicable.

REQUESTS to the COURT

WHEREFORE, having fully defended, Defendant requests that Plaintiff's Complaint be dismissed, that Plaintiff take nothing, and that Defendant be awarded the costs and expenses incurred herein, including such other and further relief as the Court may deem just and proper.

Date

Signature of Defendant/Defendant's Attorney

CERTIFICATE OF SERVICE:

The following page must be completed and attached to the LAST page of your Answer:

I filed the ORIGINAL of the Answer with the Clerk of the Superior Court in Maricopa County on: _____ .
Month Date Year

I mailed/delivered a COPY of the Answer to the Judicial Officer assigned to my case, Judge (or Commissioner): _____ on _____
(Judicial Officer assigned to your case)
Month Date Year

I mailed/delivered a COPY of the attached document(s) to the Plaintiff (or Plaintiff's Attorney if Plaintiff is represented by an attorney) on:

Month Date Year

Name of Plaintiff / Plaintiff's Attorney

Address

City, State, Zip

(You must mail a copy of all documents to the Plaintiff or his/her lawyer)

By signing below, I state to the Court, under penalty of law, that the information stated on these pages is true and correct to the best of my knowledge and belief.

I further state that I have filed/mailed the attached document(s) as shown above. I understand that if I do not file/mail the attached document(s) as shown above, the Judge in my case will not read the attached document.

Your signature