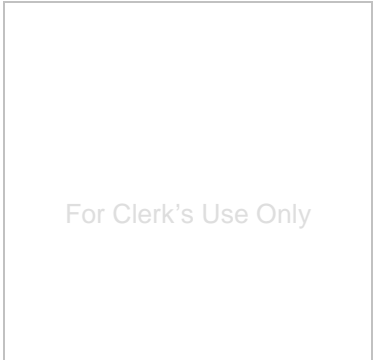


Person Filing: _____
Address (if not protected): _____
City, State, Zip Code: _____
Telephone: _____
Email Address: _____
Lawyer's Bar Number: _____



Representing Self, without a Lawyer or Attorney for Petitioner OR Respondent

SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

Name of Plaintiff

Case Number: _____

Title: **CIVIL COMPLAINT**

Name of Defendant

Plaintiff hereby submits this complaint against Defendant(s) and alleges the following:

JURISDICTION and VENUE

1. Maricopa County Superior Court has the legal authority to hear and decide this case because: *(Check all boxes that are true.)*
 - The value of this case exceeds \$10,000 dollars.
 - Replevin or other nonmonetary remedy will take place in Maricopa County.
 - The Plaintiff resides in Maricopa County.
 - The Defendant resides in Maricopa County.
 - The Defendant does business in Maricopa County.
 - The events, actions, or debts subject of this Complaint occurred in Maricopa County.
 - Other reason: _____

DISCOVERY TIER

2. Pursuant to Arizona Rules of Civil Procedure, Rule 26.2 (c) (3), the Court should assign my case to the following tier based on the amount of damages I request.

Tier 1 = Actions claiming \$50,000 or less in damages.

Tier 2 = Actions claiming more than \$50,000 and less than \$300,000 in damages,

OR Actions claiming nonmonetary relief.

Tier 3 = Actions claiming \$300,000 or more in damages.

PARTIES

3. The Plaintiff in this case is _____

4. The Defendant in this case is _____

STATEMENT OF FACTS AND BREACH

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

(If you need more space, add an attachment labeled "Statement of Facts and Breach," and continue consecutive numbering.)

APPLICABLE LAW SUPPORTING CLAIMS

() _____

() _____

() _____

() _____

() _____

() _____

(If you need more space, add an attachment labeled "Applicable Laws Supporting Claims," and continue consecutive numbering.)

INJURIES

() _____

() _____

() _____

() _____

() _____

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

DEMAND FOR RELIEF

WHEREFORE, Plaintiff demands judgment against defendant(s), and each of them (if applicable) for the following dollars, interest, costs and expenses incurred herein, **or** non-monetary remedy, including reasonable attorneys' fees, and for such other and further relief as the Court may deem just and proper.

() _____

() _____

() _____

() _____

(If you need more space, add an attachment labeled "Demand for Relief," and continue consecutive numbering.)

Dated this _____.
(Date of signature)

(Signature of Plaintiff or Plaintiff's Attorney)