

Name of Person Filing: _____
Street Address: _____
City, State, Zip Code: _____
Telephone Number: _____
Email Address: _____
ATLAS Number (if applicable) _____
 Representing Self (No Attorney) or **Represented by Attorney**
If Attorney, Bar Number: _____

**SUPERIOR COURT OF ARIZONA
PINAL COUNTY**

_____ **CASE NUMBER:** CV2

 _____ **SUMMONS**
 _____ **HONORABLE:** _____
TO THE ABOVE NAMED DEFENDANT(S)

YOU ARE HEREBY SUMMONED and required to appear and defend, in the above entitled action within TWENTY (20) DAYS, after the service of the Summons and Complaint upon you, exclusive of the day of served. If served outside the State of Arizona, you shall appear and defend within THIRTY (30) days, exclusive the day of service.

In order to appear and defend, you must file a proper response or answer in writing with the Clerk of this Court, accompanied by the required filing fee. Failure to so appear and defend will result in a judgment by default being rendered against you for the relief requested in the Complaint.

A copy of the complaint may be obtained from the Pinal County Clerk of the Superior Court 971 Jason Lopez Circle, Building A, PO Box 2730, Florence AZ 85132.

Requests for reasonable accommodations for persons with disabilities must be made to the Division assigned to the case by parties at least three (3) judicial days in advance of a scheduled court processing.

You are required by law to serve a copy of your response or answer upon the Plaintiff(s) addressed as follows:

GIVEN UNDER MY HAND AND THE SEAL OF THE COURT _____.

AMANDA STANFORD
Clerk of the Superior Court

By _____
(DEPUTY CLERK)