

PLAINTIFF <small>(Name/Address/Telephone)</small>	CASE NO. _____ FORCIBLE DETAINER SUMMONS AND COMPLAINT	DEFENDANT <small>(Name/Address/Telephone)</small>
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SUMMONS

STATE OF ARIZONA TO THE ABOVE-NAMED DEFENDANT:
 You are summoned to appear and defend this action in the Court named above.

TRIAL DATE: _____ TIME: _____

Requests for reasonable accommodation for persons with disabilities must be made to the court by parties at least three(3) working days in advance of a scheduled court proceeding.

IF YOU FAIL TO APPEAR AND DEFEND, JUDGMENT MAY BE ENTERED AGAINST YOU AS REQUESTED IN THE COMPLAINT.

Ana Contreras, Clerk of the Somerton Justice Courts

DATED: _____ By _____
 Deputy Clerk

COMPLAINT

1. I am the Plaintiff in this action.
2. This Court has jurisdiction over this action.
3. Plaintiff is entitled to immediate possession of the following described premises.

ADDRESS	CITY	STATE
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4. That Defendant wrongfully withholds possession of said premises from the Plaintiff.
5. On _____, Defendant was served a notice of termination of lease/contract because of _____

6. Rental per _____ is \$ _____; and total rent due to end of current month is _____
 _____. Daily rate is \$ _____. Late fees are \$ _____,
 Utilities, if applicable, are \$ _____. Damages, if any sought, are \$ _____.

THEREFORE, Plaintiff asks for Judgment against Defendant for the rental due as of the date of Judgment, immediate possession of the premises, Plaintiff's costs of this suit, for a Writ of Restitution to be issued in this matter, for a reasonable sum for damages to premises caused by tenant(s), and if applicable, attorney fees of \$ _____.

I swear that I have read this information and that it is true and correct to the best of my knowledge.

 Affiant

SUBSCRIBED AND SWORN to before me this date: _____

My Commission Expires: _____ Notary Public/Deputy Clerk _____

CASE NO.

CERTIFICATE OF SERVICE

DATE RECEIVED: _____ DATE SERVED _____ TIME SERVED _____

PERSON SERVED: _____

LOCATION WHERE SERVED: _____

HOW SERVED: _____

SECOND PRECINCT _____ YUMA _____ COUNTY

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

CONSTABLE/PROCESS SERVER

STATEMENT OF COSTS

Service Fee \$ _____ Mileage Fee \$ _____ Other \$ _____

TOTAL \$ _____