



**Garland County District Court**

607 Ouachita, Rm. 150  
Hot Springs, AR 71901  
Ph (501) 321-6765  
Fx (501) 321-6764

**Honorable Joseph P. Graham, Div. I**  
**Honorable Meredith B. Switzer, Div. II**

**Dackery Fernandez, Chief Court Clerk**

**COMPLAINT**

**CHECK ONE:**

Small Claims \_\_\_\_\_ Civil Division \_\_\_\_\_

**PLAINTIFF:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **DL #:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_ **CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**VS.** \_\_\_\_\_ **CASE #:** \_\_\_\_\_

**DEFENDANT:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **DL #:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_ **CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**NATURE OF CLAIM:** \_\_\_\_\_

**AMOUNT OF RELIEF CLAIMED: \$** \_\_\_\_\_ **DATE CLAIM AROSE:** \_\_\_\_\_

**FACTS SHOWING WHY CLAIM IS OWED:** \_\_\_\_\_

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

\_\_\_\_\_  
**Signature of Plaintiff**

**COMPLETE THIS COMPLAINT AND FILE ORIGINAL WITH:**

**GARLAND COUNTY DISTRICT COURT**  
**607 OUACHITA, ROOM 150**  
**HOT SPRINGS, AR 71901**



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**ANSWER**

**PLAINTIFF:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **DL #:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_ **CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP**

**VS.** \_\_\_\_\_ **CASE #:** \_\_\_\_\_

**DEFENDANT:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **DL #:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_ **CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP**

**Telephone:** \_\_\_\_\_

The original copy of your Answer must be filed with the Court and one copy delivered or mailed to the Plaintiff or his/her attorney (if applicable).

**CHECK ONE:**

- A.  I admit everything in the Complaint and do not want a trial.
- B.  I admit that I am responsible, but not for the total amount claimed by the Plaintiff(s).
- C.  I deny that I am responsible at all.
- D.  I deny that I am responsible at all. In fact, the Plaintiff is the one at fault.  
*Contact the Court Clerk to file a Counterclaim form.*

**If you check "B" or "C", briefly explain your reason for denial of Plaintiff's Claim:**

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

**I STATE THAT THE INFORMATION CONTAINED IN THIS ANSWER IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.**

\_\_\_\_\_  
**Signature of Defendant**

**CERTIFICATE OF SERVICE**

The undersigned hereby certifies that a true and correct copy of the foregoing Answer was served on Plaintiff on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by mailing a copy to Plaintiff's address listed above.

\_\_\_\_\_  
**Signature of Defendant**

**COMPLETE THIS ANSWER AND MAIL ORIGINAL TO:** GARLAND COUNTY DISTRICT COURT  
607 OUACHITA, ROOM 150  
HOT SPRINGS, AR 71901



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## COUNTERCLAIM

**PLAINTIFF:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **DL #:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP

**VS.**

**CASE #:** \_\_\_\_\_

**DEFENDANT:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **DL #:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP

**Telephone:** \_\_\_\_\_

The Counterclaim must be filed with the Court and a copy delivered or mailed to the Plaintiff or his/her attorney (if applicable). **READ CAREFULLY THE INSTRUCTIONS ATTACHED TO THIS FORM.**

**NOTE: Any counterclaim you have against the plaintiff must have resulted from the same occurrence, incident, transaction or contract mentioned in the plaintiff's complaint.**

**NATURE OF YOUR COUNTERCLAIM:** \_\_\_\_\_

**AMOUNT OF RELIEF YOU CLAIM: \$** \_\_\_\_\_

**DATE YOUR COUNTERCLAIM AROSE:** \_\_\_\_\_

**FACTS SHOWING WHY CLAIM IS OWED:** \_\_\_\_\_

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

**I STATE THAT THE INFORMATION CONTAINED IN THIS COUNTERCLAIM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT SHOULD THE PLAINTIFF BE SUCCESSFUL IN HIS ACTION AND OBTAINS JUDGMENT, AND IF I DO NOT APPEAL, HIS JUDGMENT BECOMES FINAL.**

\_\_\_\_\_  
**Signature of Defendant**

### CERTIFICATE OF SERVICE

The undersigned hereby certifies that a true and correct copy of the foregoing Counterclaim was served on Plaintiff on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by mailing the yellow copy to Plaintiff's address listed above.

\_\_\_\_\_  
**Signature of Defendant**

**COMPLETE COUNTERCLAIM AND MAIL:**

GARLAND COUNTY DISTRICT COURT  
607 OUACHITA, ROOM 150  
HOT SPRINGS, AR 71901