

DISTRICT COURT OF HOT SPRINGS, GARLAND COUNTY, ARKANSAS

COMPLAINT

\_\_\_\_ SMALL CLAIMS      \_\_\_\_ CIVIL DIVISION

CASE NUMBER: \_\_\_\_\_

PLAINTIFF: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

\_\_\_\_ CITY                      STATE                      ZIP                      Driver License #: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_

vs.

DEFENDANT: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

\_\_\_\_ CITY                      STATE                      ZIP                      Driver License #: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_

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

NOTE: WHEN FILING WITH THE COURT YOU WILL NEED TO SEND THE ORIGINAL AND 3 COPIES.

DISTRICT COURT OF HOT SPRINGS, GARLAND COUNTY, ARKANSAS

ANSWER

PLAINTIFF: \_\_\_\_\_

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

vs.

CASE NO. \_\_\_\_\_

DEFENDANT: \_\_\_\_\_

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

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

Drivers: License #: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

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

Mail Original to Court  
Mail 1 copy to Plaintiff

For a file-marked copy for your records, mail additional copy to Court along with a self-addressed, stamped envelope.

DISTRICT COURT OF HOT SPRINGS, GARLAND COUNTY, ARKANSAS

COUNTERCLAIM

PLAINTIFF: \_\_\_\_\_

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

\_\_\_\_\_

vs.

CASE NO. \_\_\_\_\_

DEFENDANT: \_\_\_\_\_

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

\_\_\_\_\_

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

The white copy of your Counterclaim must be filed with the Court and the yellow copy delivered or mailed to the Plaintiff or his/her attorney (if applicable). **READ CAREFULLY THE INSTRUCTIONS ON REVERSE SIDE OF THIS FORM.**

**PLEASE 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 WHITE COPY TO: HOT SPRINGS DISTRICT COURT  
607 OUACHITA, ROOM 150  
HOT SPRINGS, AR 71901

White Copy—Court  
Yellow Copy—Plaintiff  
Green Copy—Keep for your record