

SALT LAKE CITY JUSTICE COURT  
3<sup>rd</sup> Judicial District, Salt Lake County, State of Utah  
333 SOUTH 200 EAST, PO BOX 145499, SALT LAKE CITY, UT 84111-5499  
Phone: (801)535-6300 / Fax: (801)535-6302 / [www.sl.c.gov/courts](http://www.sl.c.gov/courts)

Name \_\_\_\_\_ **Plaintiff** )

Street Address \_\_\_\_\_ )

City, State, Zip \_\_\_\_\_ )

Phone \_\_\_\_\_ Email Address \_\_\_\_\_ )

**Vs.** \_\_\_\_\_ )

Name \_\_\_\_\_ **Defendant** )

Street Address \_\_\_\_\_ )

City, State, Zip \_\_\_\_\_ )

Phone \_\_\_\_\_ Email Address \_\_\_\_\_ )

**And** \_\_\_\_\_ (Please check what applies.)  **Defendant or** )

Name \_\_\_\_\_  **Registered Agent** )

Street Address \_\_\_\_\_ )

City, State, Zip \_\_\_\_\_ )

Phone \_\_\_\_\_ Email Address \_\_\_\_\_ )

**SMALL CLAIMS  
AFFIDAVIT & SUMMONS**

**Case No.** \_\_\_\_\_

**AFFIDAVIT**

I swear that the following is true:

- (1) Claim Amount plus attorney's fees (**if applicable**)  
Cannot exceed \$11,000 w/attorney's fees \$ \_\_\_\_\_ for the claim described in paragraph (5)
- (2) Plus the court filing fee of \$ \_\_\_\_\_
- (3) Plus an estimated service fee of \$ \_\_\_\_\_
- (4) For a total of \$ \_\_\_\_\_ plus prejudgment interest, if qualified.
- (5) The events happened on (date) \_\_\_\_\_. My claim is based on the following facts. \_\_\_\_\_

(6)  Defendant **CURRENTLY** resides within the jurisdiction of this court **and/or**  the **EVENTS HAPPENED** within the jurisdiction of this court.

(7)  I am not suing a government entity.

(8)  I am not suing a government employee for the employee's on-the-job conduct.

(9)  I am not suing on a claim that has been assigned to me.

(10)  I agree to receive all future court filings or court correspondence by email transmitted by the court.

(11)  I understand, **if my affidavit and summons are not served within 120 days**, my case will be **DISMISSED** pursuant to Rule 3(b) of the Utah Rules of Small Claims Procedure and Rule 4(b) (i) of the Utah Rules of Civil Procedure.

I have not included any non-public information on this document. I declare under criminal penalty under the law of Utah that everything stated in this document is true.

Signed at: (city and state) \_\_\_\_\_

Date \_\_\_\_\_

Sign here ► \_\_\_\_\_

Printed Name ► \_\_\_\_\_

**SUMMONS**

THE STATE OF UTAH TO THE ABOVE NAMED DEFENDANT(S): You are summoned to appear at trial, at: **333 South 200 East, Salt Lake City, UT 84111** to answer the above claim. **If you fail to appear at the trial, judgment may be entered against you for the total amount claimed.**

**Date of trial:** \_\_\_\_\_ **Time:** \_\_\_\_\_

Date \_\_\_\_\_

Court Clerk Sign here ► \_\_\_\_\_

## Notice to the Defendant

A small claims case has been filed against you. This imposes upon you certain rights and responsibilities. You can find small claims information and instructions at <https://www.utcourts.gov/howto/smallclaims/>.

The court's Finding Legal Help web page ([www.utcourts.gov/howto/legalassist/](http://www.utcourts.gov/howto/legalassist/)) provides information about the ways you can get legal help, including the Self-Help Center, reduced-fee attorneys, limited legal help and free legal clinics.

*Un caso de reclamos menores ha sido presentado contra usted. Esto le impone a usted ciertos derechos y obligaciones. Usted puede encontrar información e instrucciones sobre reclamos menores en <https://www.utcourts.gov/howto/smallclaims/>.*

*La página del tribunal sobre Como Encontrar Ayuda Legal ([www.utcourts.gov/howto/legalassist/](http://www.utcourts.gov/howto/legalassist/)) proporciona información acerca de las maneras en que usted puede obtener ayuda legal, incluyendo el Centro de Ayuda del tribunal, abogados a precio reducido, ayuda legal limitada y talleres jurídicos gratuitos.*

**Attendance.** You must attend. If you do not attend, the relief requested might be granted. You have the right to be represented by a lawyer.

***Asistencia.** Presentarse es obligatorio. Si usted no llegara a presentarse, el remedio solicitado podría ser otorgado. Usted tiene el derecho de que lo represente un abogado.*

**Evidence.** Bring with you any evidence that you want the court to consider.

***Pruebas.** Traiga con usted cualquier prueba que quiera que el tribunal tome en cuenta.*

**Interpretation.** If you do not speak or understand English, contact court staff at least 3 days before the hearing, and an interpreter will be provided.

***Interpretación.** Si usted no habla ni entiende el Inglés contacte al personal del tribunal por lo menos 3 días antes de la audiencia y le proveerán un intérprete.*

**Disability Accommodation.** If you have a disability requiring accommodation, including an ASL interpreter, contact court staff at least 3 days before the hearing.

***Atención en caso de incapacidades.** Si usted tiene una incapacidad por la cual requiere atención especial, favor de contactar al personal del tribunal por lo menos 3 días antes de la audiencia.*

**Right to Jury Trial.** If you want to have a jury trial in this case, you must file documents to remove the case to district court. See the Small Claims web page for information about that process, and forms: <https://www.utcourts.gov/howto/smallclaims/>.

***El derecho a juicio por jurado.** Si usted quiere tener un juicio con jurado, usted deberá presentar documentos pidiendo que el caso sea transferido al tribunal de distrito. Vea la página de internet de Reclamos Menores para más información sobre el proceso y formularios: <https://www.utcourts.gov/howto/smallclaims/>.*

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Name \_\_\_\_\_, Plaintiff )

Street Address \_\_\_\_\_ )

City, State, Zip \_\_\_\_\_ )

vs. \_\_\_\_\_ )

Name \_\_\_\_\_, Defendant )

Street Address \_\_\_\_\_ )

City, State, Zip \_\_\_\_\_ )

**SMALL CLAIMS  
 MILITARY SERVICE  
 DECLARATION**

Case No. \_\_\_\_\_

- By and through my attorney, (Attorney, check here if you are appearing for your client.) I say as follows:
- (1) To support my Motion to Default Judgment and to comply with the Service members Civil Relief Act, I state that the following is true:     Plaintiff/Petitioner     Defendant/Respondent, is in default:
- (2) (A)     I am unable to determine the military status of the defaulting party.  
 OR  
 (B)     The defaulting party (check one):  
            is in military service.         is not in military service.
- (3)     I have done the following research to support the above conclusion.

\_\_\_\_\_

\_\_\_\_\_

(4)(A)  (A certificate from the Department of Defense Manpower Data Center is the preferred evidence of the defaulting party's military service status. Check this box only if you have attached that certificate.) I visited the Department of Defense Manpower Data Center website (<https://scra.dmdc.osd.mil/>) to inquire about military service, and I entered to following identifying information for the defaulting party, which I know to be correct:

Name	Social Security Number (Last 4 digits only)	Date of Birth

(4)(B)  I know the identifying information to be correct because:

\_\_\_\_\_

\_\_\_\_\_

(5)     I do not know and am unable to discover the defaulting party's date of birth or social security number.

I have not included any non-public information in this document.

I declare under criminal penalty of Utah Code Section 78B-5-705 that the information in this document is true and correct. I understand that for knowingly making a false statement, I can be fined as provided in Title 18, United States Code, or imprisoned for not more than one year, or both.

\_\_\_\_\_ Sign here ► \_\_\_\_\_

Date \_\_\_\_\_  
 Typed or printed name \_\_\_\_\_

### Certificate of Service

I certify that I served a copy of this Military Service Declaration on the following people.

Person's Name	Method of Service	Served at this Address	Served on this Date
(Any Party not in Default or Attorney)	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Fax (Person agreed to service by fax.) <input type="checkbox"/> Email (Person agreed to service by email.) <input type="checkbox"/> Left at business (With person in charge or in receptacle for deliveries.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)		
(Clerk of Court)	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Electronic File		
	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Fax (Person agreed to service by fax.) <input type="checkbox"/> Email (Person agreed to service by email.) <input type="checkbox"/> Left at business (With person in charge or in receptacle for deliveries.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)		
	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Fax (Person agreed to service by fax.) <input type="checkbox"/> Email (Person agreed to service by email.) <input type="checkbox"/> Left at business (With person in charge or in receptacle for deliveries.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)		

Sign here ►

Date \_\_\_\_\_

Typed or Printed Name \_\_\_\_\_