SALT LAKE CITY JUSTICE COURT 333 SOUTH 200 EAST, PO BOX 145499, SALT LAKE CITY, UT 84111-5499

Phone: (801)535-6300 / Fax: (801)535-6302 / www.slc.gov/courts

Name		, Plaintiff)	
Street Address)	SMALL CLAIMS
City, State, ZIP)	COUNTER AFFIDAVIT
Phone	Email Address		AND SUMMONS
Vs.			
Name	,	Defendant)	
Street Address)	Case No
City, State, ZIP)	
Phone	Email Address	,	
Thone		R AFFIDAVI	
(1) Claim Amount	ant, Attorney for Defendant and my Utah B plus attorney's fees (If applicable)	ar number is	
(2) Plus the court f	filing fee of \$_		
(3) For a total of	\$		plus prejudgment interest, if qualified.
(4) The events happ	pened on (date) . My cla	im is based on t	the following facts.
I have not included	this affidavit. I any non-public information on this document.	Sign here ▶	
Date			
	Pri	nted Name▶	
If you fail to appe	UTAH TO THE PLAINTIFF(S): You are su ar, judgment may be entered against you for	the amount c	
Trial Date:	Time:		Place: 333 S 200 E, Salt Lake City, UT 84111
	Certific	ate of Service	
Person Name:	ertify that I mailed a copy of this Small Claims Address:	Counter Affida	Date Sent:

Notice to the Plaintiff: A small claims case has been filed against you. This imposes upon you certain right and responsibilities. You may obtain small claims information and instructions at www.utcourts.gov/howto/

Disability Accommodations: If you need accommodation of a disability, contact a judicial service assistant at least 3 days before the hearing.