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.slcgov.com/courts/

Name	2	, Plaintiff)	
Street	Address)	SMALL CLAIMS
City,	State, Zip)	MILITARY SERVICE
vs. Name	2) , Defendant)	DECLARATION
Street	Address)	Case No
City,	State, Zip)	
	By and through my attorney, (Attorney, check he	re if you are appearing	g for your client.) I say as follows:
(1)	To support my Motion to Default Judgment and t the following is true: Plaintiff/Petitioner		
(2)	(A) I am unable to determine the mile OR	itary status of the defa	ulting party.
	(B) The defaulting party (check one):		
	is in military service. is not	•	
(3)	I have done the following research to sup	port the above conclu	sion.
milit: corre			
	Name	ocial Security Numb (Last 4 digits only)	
(4)(B	I know the identifying information to be o	correct because:	
(5) numl		01 0	's date of birth or social security
	e not included any non-public information in th		
docu	lare under criminal penalty of Utah Code Section ment is true and correct. I understand that for l as provided in Title 18, United States Code, or	knowingly making a	false statement, I can be
Date	Sign here	>	
Date	Typed or printed na	me	

	Certificate of Service		
I certify that I served a cop	py 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) Salt Lake City Justice Court (Clerk of Court)	Method of Service Mail Hand Delivery Fax (Person agreed to service by fax.) Email (Person agreed to service by email.) Left at business (With person in charge or in receptacle for deliveries.) Left at home (With person of suitable age and discretion residing there.) Mail Hand Delivery Electronic File Mail Hand Delivery Fax (Person agreed to service by email.) Left at business (With person in charge or in receptacle for deliveries.) Left at home (With person of suitable age and discretion residing there.) Mail Hand Delivery Fax (Person agreed to service by email.) Left at home (With person of suitable age and discretion residing there.) Mail Hand Delivery Fax (Person agreed to service by fax.)	Address 333 S 200 E, SLC UT 84111	this Date
	 ☐ Email (Person agreed to service by email.) ☐ Left at business (With person in charge or in receptacle for deliveries.) ☐ Left at home (With person of suitable 		
	age and discretion residing there.) Sign here ▶		
Date	Typed or Printed Name		