## 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	,Plaintiff)	)	
Street Address		SMALL (	CLAIMS
City, State, ZIP		MOTION	N TO SET ASIDE
vs.		)	
Name	,Defendant )	Case No	
Street Address		)	
City, State, ZIP		)	
	ah Code Section 78B-5-705 that everything s		
Date:			
I cer	Certificate of Servic tify that I served a copy of this Motion to Set		ople.
Person's Name	Method of Service	Served at this Address	Served on this Date

Certificate of Service						
I certify that I served a copy of this Motion to Set Aside on the following people.						
Person's Name	Method of Service	Served at this Address	Served on this Date			
	<ul> <li>Mail</li> <li>Hand Delivery</li> <li>Fax (Person agreed to service by fax.)</li> <li>Email (Person agreed to service by</li> </ul>					
	email.)					
(Any Party not in Default or Attorney)	or in receptacle for deliveries.) Left at home (With person of suitable age and discretion residing there.)					
(Clerk of Court)	Mail Hand Delivery Electronic File					
	<ul> <li>Mail</li> <li>Hand Delivery</li> <li>Fax (Person agreed to service by fax.)</li> <li>Email (Person agreed to service by</li> </ul>					
	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 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.)					

Sign here 🕨

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	e	,Plaintiff	)		
Stree	et Address		)	SMALL (	CLAIMS
City, State, ZIP		)	ORDER (	ON	
vs.			)	MOTION	TO SET ASIDE
Nan	ne	,Defendant	)	Case No	
Stree	et Address		)		
City, State, ZIP		)			
		ORDER ON MOTION TO S	ET ASIDE	C	
H	learing required. The he	der of dismissal. The court being fully in: earing is scheduled for ou need accommodation of a disability, contact		at the ab	
Date	:			the direction of th	
		Judge s signature sta	np used at	the direction of the	e judge by clerk
		Certificate of Ser	vice		
	I certif		vice		
	I certit Person's Name	Certificate of Ser fy that I served a copy of this Motion to S Method of Service	vice let Aside o		
	Person's Name	Certificate of Ser fy that I served a copy of this Motion to S Method of Service Mail Hand Delivery Fax (Person agreed to service by fax.) Email (Person agreed to service by email.)	vice et Aside o Served	n the following pe l at this Address	ople.
		Certificate of Ser fy that I served a copy of this Motion to S Method of Service Mail Hand Delivery Fax (Person agreed to service by fax.) Email (Person agreed to service by	vice let Aside o	n the following pe l at this Address 00 E	ople.

Court Clerk

Sign here ►

Date

Typed or Printed Name