

SALT LAKE CITY JUSTICE COURT
 333 SOUTH 200 EAST, SALT LAKE CITY, UT 84111
 Phone: 801-535-6300 / Fax: 801-535-6302 / www.slcgov.com/courts

Name _____, Plaintiff)

Street Address _____)

City, State, ZIP _____)

vs. _____)

Name _____, Defendant)

Street Address _____)

City, State, ZIP _____)

**SMALL CLAIMS NOTICE OF
 DEFAULT JUDGMENT**

Case No. _____

PLEASE TAKE NOTICE: A default judgment has been entered against the Plaintiff Defendant in this case because of failure to appear at the trial. A copy of the judgment is enclosed. You may ask to set aside this judgment by filing a Motion to Set Aside within 15 days after the date the judgment was entered. You may appeal this judgment by filing a Notice of Appeal with this court within 28 days after the date the judgment was entered.

I declare under penalty of Utah Code Section 78B-5-705 that everything stated in this document is true and correct.

Date _____

Sign here ► _____

Typed or printed name _____

Certificate of Service

I certify that I served a copy of this Notice of Default Judgment and a copy of the Small Claims Judgment on the following people.

Person's Name	Method of Service	Served at this Address	Served on this Date
(Other Party or Attorney)	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Left at business (With person in charge) <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"/> Left at business (With person in charge)		
	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Left at business (With person in charge)		
Salt Lake City Justice Court (Clerk of Court)	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery	333 S 200 E SLC UT 84111	

Date _____

Sign here ► _____

Typed or printed name _____