

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 _____) **PROOF OF SERVICE**
vs. _____) **UNDER URCP4**
Name _____ Defendant) **(Service By Mail)**
Street Address _____)
City, State, ZIP _____) Case. _____

Instructions: Use this document to show the date, place, and manner in which documents were served under Rule of Civil Procedure 4. Rule 4 requires service by mail OR by personal service (not both). Complete Paragraphs (1), (2) and complete the certificate of service.

(1) The following documents were served by the method described below: (Choose all that apply.)

- Small Claims Affidavit & Summons
 Amended Small Claims Affidavit and Summons
 Other: _____ (describe)

Service by Mail (Note: Service by mail requires a signed receipt. The state and its departments and agencies cannot be served by mail until after they are parties to the case. A minor or an incapacitated person cannot be served by mail until after they are parties to the case.)

(2) I served the following person by sending a copy of the documents listed in Paragraph (1) by:

registered mail, certified mail, commercial courier service to:

| | |
|----------------|--|
| Name | |
| Address | |
| City State Zip | |

I have **attached** a signed receipt proving delivery. It was signed by:

- the addressee personally.
 someone authorized by appointment or by law to receive service of process on behalf of the addressee.

This form must be filed with the court no later than 10 business days after service is made.

Your case will not be scheduled on the court's calendar, if you do not provide the court with this form and its attachments.

Certificate of Service

I certify that I served a copy of this Small Claims Proof of Service Under URCP4(Service By Mail) on the following people.

| Business or Person's Name | Method of Service | Served at this Address | Served on this Date |
|---|---|-----------------------------|---------------------|
| | <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 & discretion residing there.) | | |
| Salt Lake City Justice Court (Clerk of Court) | <input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Electronic File | 333 S 200 E SLC UT 84111 | |
| | <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.) | | |

I declare under criminal penalty of Utah Code Section 78B-5-705 that this Certificate of Service is true and correct.

Date _____

Sign here ► _____

Typed or printed name _____

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