

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 _____)

City, State, Zip _____)

vs. _____)

Name _____, Defendant)

Street Address _____)

City, State, Zip _____)

Reply to Statement Opposing

Motion to _____

Hearing Requested

Case No. _____

Instructions: You must complete this form before you file it. The judicial services representative cannot complete this form for you. Keep a copy of all documents for your records. Attend all court hearings.

Attach the following: Additional pages as needed to complete paragraphs that don't have enough space. Write the paragraph number on the additional page. Non-Public Information Form, more fully describing non-public information asked for in this document.

By and through my attorney, (Attorney, check here if you are appearing for your client.)

I say as follows:

(1)(A) I disagree with the following statement from the (Identify the document in which the statement is made. Quote the statement exactly.)

- Statement Opposing the Motion.
- Memorandum Opposing the Motion.

(B) I disagree for the following reasons.

(2)(A) I disagree with the following statement from the (Identify the document in which the statement is made. Quote the statement exactly.)

- Statement Opposing the Motion.
- Memorandum Opposing the Motion.

(B) I disagree for the following reasons.

I have not included any non-public information in this document.

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

_____ Sign here ► _____

Date _____
Typed or Printed Name _____

Certificate of Service			
I certify that I served a copy of this Reply to Statement Opposing Motion to _____ 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"/> 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.)		
(Clerk of Court)	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Electronic File		
	<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.)		

_____ Sign here ► _____

Date _____
Typed or Printed Name _____