

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 _____)

Statement **Supporting** **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. Documents supporting your statements (if applicable).

I am the: Plaintiff/Petitioner Defendant/Respondent

Attorney for the Plaintiff/Petitioner Defendant/Respondent and my Utah Bar number is _____.

(1) I say as follows: (State the facts of your case that support/oppose the motion. Make your statements in clear, simple sentences. Make each point a separate paragraph. Number the paragraphs. Arrange the paragraphs logically. Type your statements or print them clearly. The person signing this document must have first-hand knowledge of the facts stated.)

(2) I request a hearing.

I do not request a hearing.

(3) List any documents you have attached that support your statements.

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 Statement Supporting/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 _____