

SALT LAKE CITY JUSTICE COURT
333 SOUTH 200 EAST, PO BOX 145499, SALT LAKE CITY, UT 84111-5499
Ph. (801)535-6301 / Fax (801)535-6302

Name _____, Plaintiff)

Street Address _____)

City, State, ZIP _____)

vs. _____)

Name _____, Defendant)

Street Address _____)

City, State, ZIP _____)

and _____)

Name _____, Defendant)

Street Address _____)

City, State, ZIP _____)

**SMALL CLAIMS
COUNTER AFFIDAVIT
AND SUMMONS**

Case No. _____

COUNTER AFFIDAVIT

I swear that the following is true:

(1) Plaintiff owes me \$ _____ for the claim described in (2)
plus the court filing fee of \$ _____
for a total of \$ _____ plus prejudgment interest, if qualified.

(2) The events happened on (date) _____. My claim is based on the following facts. _____

- (3) I am not suing a government entity. I am not suing a government employee for the employee's on-the-job conduct
(4) I am not suing on a claim that has been assigned to me.
(5) I have not included any non-public information on this document.

Date _____ Sign here ► _____

I certify that _____, who is known to me or who presented satisfactory identification, has, while in my presence and while under oath or affirmation, voluntarily signed this document and declared that it is true.

Date _____ Court Clerk or Notary Sign Here ► _____

SUMMONS

THE STATE OF UTAH TO THE PLAINTIFF(S): You are summoned to appear at a trial to answer the above claim. If you fail to appear, judgment may be entered against you for the amount claimed.

- The original trial date remains unchanged and is on:
 The original trial date has been changed to:

Trial Date: _____ **Time: 5:30pm** **Place: 333 S 200 E, Salt Lake City, UT 84111**

Certificate of Service

I certify that I served a copy of this Small Claims Counter Affidavit and Summons to the following people.

Method of Service:	Person Name:	Address:	Date Sent:
<input type="checkbox"/> Mailed <input type="checkbox"/> Hand Delivered	_____	_____	_____
<input type="checkbox"/> Mailed <input type="checkbox"/> Hand Delivered	_____	_____	_____

Date _____ Court Clerk Signature ► _____

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