

This is a tier _____ case.

My Name _____

Address _____

City, State, Zip _____

Phone _____

Email _____

I am the Defendant/Respondent
 Attorney for the Defendant/Respondent and my Utah Bar number is _____

In the District Court of Utah

_____ Judicial District _____ County

Court Address _____

<p>Plaintiff/Petitioner _____</p> <p>V. _____</p> <p>Defendant/Respondent _____</p>	<p>Counterclaim</p> <p>Case Number _____</p> <p>Judge _____</p> <p>Commissioner _____</p>
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Instructions:

- You must complete this form before you file it. Court staff cannot complete this form for you. Use the Checklist to help you understand and complete this form.
- Keep a copy of all documents for your records.
- Attend all court hearings.
- Attach:
 - Additional pages as needed to complete paragraphs that don't have enough space. Write the paragraph number on the additional page.
 - Any documents referred to in this document.
 - Non-Public Information Form, more fully describing any non-public information referred to in this document.

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

I say as follows: (Explain any claim for damages or other relief that you have against the plaintiff/petitioner.)

(1)

(2)

(3)

(4)

Request

[Explain what you want the court to do based on your claims. Be specific. For example, "I want the court to award damages of \$_____."]

(5)

Certificate of Service

I certify that I served a copy of this Counterclaim 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 _____