

My Name _____
Address _____
City, State, Zip _____
Phone _____
E-mail _____

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

In the District Justice Court of Utah

_____ Judicial District _____ County

Court Address _____

Plaintiff/Petitioner

v.

Defendant/Respondent

Military Service Declaration

Case Number _____

Judge _____

Commissioner _____

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

I say as follows:

(1) The clerk of court has issued a Certificate showing the default of the:

Plaintiff/Petitioner

Defendant/Respondent

(2)(A) I am unable to determine the military status of the defaulting party.

OR

(B) The defaulting party (check one):

is in military service.

is not in military service.

(3) I have done the following research to support the above conclusion.

(4) (A certificate from the Department of Defense Manpower Data Center is the preferred evidence of the defaulting party's military service status. Check this box only if you have attached that certificate.) I visited the Department of Defense Manpower Data Center website (<https://www.dmdc.osd.mil/scra/owa/home>) to inquire about military service, and I entered to following identifying information for the defaulting party, which I know to be correct:

Name	Date of Birth	Social Security Number (Last 4 digits only)

(5) I know the identifying information to be correct because:

(6) I do not know and am unable to discover the defaulting party's date of birth or social security number.

Certificate of Service

I certify that I served a copy of this Military Service Declaration on the following people.

Person's Name	Method of Service	Served at this Address	Served on this Date
(Any Party not in Default 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 _____