

My Name _____

Address _____

City, State, Zip _____

Phone _____

E-mail _____

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

In the District Justice Court of Utah

_____ Judicial District _____ County

Court Address _____

Plaintiff

v.

Defendant

And

Defendant

Counter Affidavit and Summons

Case Number _____

Judge _____

I swear that the following is true.

(1) Plaintiff owes me \$ _____ for the claim described in paragraph (2).

plus the filing fee of \$ _____

for a total of: \$ _____

plus prejudgment, if qualified for prejudgment interest.

Summons

The State of Utah to the Plaintiff:

You are summoned to appear at trial to answer the above claim. The trial will be held at the court address shown above. **If you fail to appear, judgment may be entered against you for the total amount claimed.**

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

Date _____ Time _____ : _____ a.m. p.m.

Room _____

Notice to the Plaintiff. A small claims case has been filed against you. This imposes upon you certain rights and responsibilities. You may obtain small claims information and instructions at www.utcourts.gov/howto/

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

Date: _____

Sign here ► _____

Court Clerk _____

Certificate of Service

I certify that I mailed a copy of this Counter Affidavit to the following people.

Person's Name	Address	Date Sent

Date _____

Sign here ► _____

Court Clerk _____