
My Name

Address

City, State, Zip

Phone

Email

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

In the Justice Court of Utah

_____ Judicial District _____ County

Court Address _____

<p>_____ Plaintiff</p> <p>v.</p> <p>_____ Defendant</p> <p>And</p> <p>_____ Defendant</p>	<p>Counter Affidavit and Summons</p> <p>Case Number _____</p> <p>Judge _____</p>
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I swear that the following is true.

(1) Plaintiff owes me \$ _____ for the claim described in paragraph (2).
plus the filing fee of \$ _____
plus estimated attorney fees of _____ (Attach statute or contract showing you
are authorized to claim attorney fees.)
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 _____