

My Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

I am the  Plaintiff

Defendant

Attorney for the  Plaintiff  Defendant and my Utah Bar number is

\_\_\_\_\_

In the  District  Justice Court of Utah

\_\_\_\_\_ Judicial District \_\_\_\_\_ County

Court Address \_\_\_\_\_

\_\_\_\_\_  
Plaintiff

v.

\_\_\_\_\_  
Defendant

And

\_\_\_\_\_  
Defendant

**Motion to Enforce Settlement Agreement**

Case Number \_\_\_\_\_

Judge \_\_\_\_\_

**Instructions:** Attach the following:

- Continuation pages (If any, completing paragraphs that don't have enough space. Write the paragraph number on the continuation page.)
- Copy of the Settlement Agreement
- Notice of Hearing
- Proposed Findings of Fact, Conclusions of Law, and Order

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

I say as follows:

(1) To settle this case, \_\_\_\_\_ (name) agreed to pay me a total of \$\_\_\_\_\_ on the following schedule:

| Amount: | Due on: | Amount: | Due on: | Amount: | Due on: |
|---------|---------|---------|---------|---------|---------|
| \$      |         | \$      |         | \$      |         |
| \$      |         | \$      |         | \$      |         |
| \$      |         | \$      |         | \$      |         |
| \$      |         | \$      |         | \$      |         |
| \$      |         | \$      |         | \$      |         |

(2) \_\_\_\_\_ (name) has paid me only \$\_\_\_\_\_ and the deadline for payment have passed. The balance is now due.

(3) \_\_\_\_\_ (name) still owes me:

\$ \_\_\_\_\_ Balance not paid  
 \$ \_\_\_\_\_ Cost of this proceeding  
 \$ \_\_\_\_\_ Total

(4) \_\_\_\_\_ (name) has failed to comply with the terms of the Settlement Agreement, and I request that the court enter judgment for the amount claimed plus post-judgment interest.

I have not included any non-public information in this document.

I declare under penalty of Utah Code Section 78B-5-705 that everything stated in this document is true and correct.

Date \_\_\_\_\_ Sign here ► \_\_\_\_\_

Typed or printed name \_\_\_\_\_

### Certificate of Service

I certify that I served a copy of this Motion to Enforce Settlement Agreement, Notice of Hearing and proposed Findings of Fact, Conclusions of Law, Order and Judgment 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<br><input type="checkbox"/> Hand Delivery<br><input type="checkbox"/> Fax (Person agreed to service by fax.)<br><input type="checkbox"/> Email (Person agreed to service by email.)<br><input type="checkbox"/> Left at business (With person in charge or in receptacle for deliveries.)<br><input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.) |                        |                     |
| (Clerk of Court)          | <input type="checkbox"/> Mail<br><input type="checkbox"/> Hand Delivery<br><input type="checkbox"/> Electronic File   |                        |                     |
|                           | <input type="checkbox"/> Mail<br><input type="checkbox"/> Hand Delivery<br><input type="checkbox"/> Fax (Person agreed to service by fax.)<br><input type="checkbox"/> Email (Person agreed to service by email.)<br><input type="checkbox"/> Left at business (With person in charge or in receptacle for deliveries.)<br><input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.) |                        |                     |
|                           | <input type="checkbox"/> Mail<br><input type="checkbox"/> Hand Delivery<br><input type="checkbox"/> Fax (Person agreed to service by fax.)<br><input type="checkbox"/> Email (Person agreed to service by email.)<br><input type="checkbox"/> Left at business (With person in charge or in receptacle for deliveries.)<br><input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.) |                        |                     |

Date \_\_\_\_\_

Sign here ► \_\_\_\_\_

Typed or printed name \_\_\_\_\_