

This is a Tier _____ case

Name

Address

City, State, Zip

Phone

Email

If you do not respond to this document within applicable time limits, judgment could be entered against you as requested.

Check your email. You will receive information and documents at this email address.

I am Defendant/Respondent Defendant/Respondent's Attorney
 Defendant/Respondent's Licensed Paralegal Practitioner (Utah Bar #: _____)

In the District Court of Utah

_____ Judicial District _____ County

Court Address _____

In the Matter of (select one)

- the Marriage of (for a divorce with or without children, annulment, separate maintenance, or temporary separation case)
- the Children of (to establish custody, parent-time or child support)
- the Parentage of the Children of (for a paternity case)

(name of Petitioner)

and

(name of Respondent)

Other parties (if any)

Counterclaim

Case Number

Judge

Commissioner (domestic cases)

1. Claims

I believe the plaintiff/petitioner has harmed me in these ways (Explain any claim you have against the plaintiff/petitioner. Attach additional sheets if needed.):

2. Request

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

Plaintiff/Petitioner or Defendant/Respondent

I declare under criminal penalty under the law of Utah that everything stated in this document is true.

Signed at _____ (city, and state or country).

Date

Signature ► _____
Printed Name _____

Attorney or Licensed Paralegal Practitioner of record (if applicable)

Date

Signature ► _____
Printed Name _____

Certificate of Service

I certify that I filed with the court and am serving a copy of this Counterclaim on the following people.

Person's Name	Service Method	Service Address	Service Date
	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> E-filed <input type="checkbox"/> 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"/> E-filed <input type="checkbox"/> 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"/> E-filed <input type="checkbox"/> 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.)		

_____ Signature ► _____
 Date Printed Name _____