

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

I am  Plaintiff/Petitioner  Defendant/Respondent  
 Plaintiff/Petitioner's Attorney  Defendant/Respondent's Attorney (Utah Bar #: \_\_\_\_\_)  
 Plaintiff/Petitioner's Licensed Paralegal Practitioner  
 Defendant/Respondent's Licensed Paralegal Practitioner (Utah Bar #: \_\_\_\_\_)

In the  District  Justice Court of Utah

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

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

|   |  |
|---|--|
| <p>_____<br/>Plaintiff/Petitioner</p> <p>v.</p> <p>_____<br/>Defendant/Respondent</p> | <p><b>Motion for Default Judgment</b><br/>(Utah Rule of Civil Procedure 55)</p> <p>_____<br/>Case Number</p> <p>_____<br/>Judge</p> <p>_____<br/>Commissioner (domestic cases)</p> |
|---|--|

1. The following documents were served:  
 Summons and Complaint/Petition  
 Counterclaim  
on \_\_\_\_\_ (date). Proof of service or an acceptance of service has  
been filed or is attached.
2. The time in which to file an Answer has passed, and the  
 plaintiff/petitioner  
 defendant/respondent

has not answered or otherwise appeared.

3. The default certificate has been submitted.
4. I ask the court to enter judgment as requested in the Complaint/Petition.

**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 Motion for Default Judgment on the following people.

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

Signature ► \_\_\_\_\_  
 Printed Name \_\_\_\_\_