
Name

Address

City, State, Zip

Phone

Email

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

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>_____ Plaintiff/Petitioner</p> <p>v.</p> <p>_____ Defendant/Respondent</p>	<p>Motion to Correct Clerical Mistake (Utah Rule of Civil Procedure 60(a))</p> <p>_____ Case Number</p> <p>_____ Judge</p> <p>_____ Commissioner (domestic cases)</p>
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1. I ask that the court correct a clerical mistake in _____ (name of order, judgment or decree) entered on _____ (date) by _____ (name of judge).

2. The part of the order that has the clerical mistake says:
(Copy exactly the part of the order you want to be corrected.):

3. This is a mistake because:
(Examples of clerical mistakes include: spelling or math mistakes, mixing up party names or designation.)

4. The corrected part of the order should say:
(Write what the corrected language should be):

5. I ask that this order correcting this error be entered to take effect on the date the original order was entered.

6. The other party agrees with this motion, and I have attached their stipulation.

7. I request a hearing on this motion.

I do not request a hearing on this motion.

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).

Signature ►

Date 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 to Correct Clerical Mistake 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 _____