

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

I am the     Plaintiff/Petitioner     Defendant/Respondent  
                   Attorney for:  
                   Plaintiff/Petitioner     Defendant/Respondent, and my Utah Bar number is \_\_\_\_\_  
                   Person with Power of Attorney for:  
                   Plaintiff/Petitioner             Defendant/Respondent, who is in military service

In the  District     Justice Court of Utah

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

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

\_\_\_\_\_  
Plaintiff/Petitioner

v.

\_\_\_\_\_  
Defendant/Respondent

**Waiver of Rights under the  
Servicemembers Civil Relief Act**

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

\_\_\_\_\_  
Judge

\_\_\_\_\_  
Commissioner (domestic cases)

(1)     I understand that:

- I have the right to request a stay of proceedings under 50 U.S.C. App. Section 517, Servicemembers Civil Relief Act;
- if a stay is granted, nothing will happen in this case until the stay is vacated; and
- a stay will be granted if the judge decides that my military service materially affects my ability to appear.

(2)  I voluntarily waive and give up the right to stay this case. I want to proceed with this case.

(3)  This waiver is made during my period of military service.

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 \_\_\_\_\_

### Certificate of Service

I certify that I filed with the court and served a copy of this Waiver of Rights under the Servicemembers Civil Relief Act on the following people.

| Person's Name | Method of Service  | Served at this Address | Served on this Date |
|---------------|--|------------------------|---------------------|
|               | <input type="checkbox"/> Mail<br><input type="checkbox"/> Hand Delivery<br><input type="checkbox"/> E-filed<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"/> E-filed<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"/> E-filed<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.) |                        |                     |

Signature ► \_\_\_\_\_

Date \_\_\_\_\_

Printed Name \_\_\_\_\_