

MIDVALE JUSTICE COURT
7505 S HOLDEN STREET, MIDVALE, UT 84047
Phone: 801-255-4234 / Fax: 801-567-1696 / www.midvalecity.org

Name _____, Plaintiff)

Street Address _____)

City, State, ZIP _____)

Vs. _____)

Name _____, Defendant)

Street Address _____)

City, State, ZIP _____)

SMALL CLAIMS

NOTICE OF HEARING

Case No. _____

To _____ [name(s) of Plaintiff(s)]

and _____ [name(s) of Defendant(s)]

The court has scheduled a hearing on the Motion to Enforce Settlement Agreement at the above court at the following date and time. You should appear and bring with you all relevant evidence and witnesses. You may be represented by a lawyer. **If you fail to appear, an order may be entered against you.**

Hearing Date: _____ **Time: 2:00PM**

Disability Accomodation. If you have a disability requiring accommodation, contact the clerk's office at least 3 days before the hearing.

Date: _____ Sign here ► _____

Type or print name _____

Certificate of Service

I certify that I served a copy of this Notice of Hearing 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 <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Fax (Person agreed to service by fax.) <input type="checkbox"/> Email (Person agreed to service by 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"/> Fax (Person agreed to service by fax.) <input type="checkbox"/> Email (Person agreed to service by 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"/> Fax (Person agreed to service by fax.) <input type="checkbox"/> Email (Person agreed to service by 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.)		

Date _____ Sign here ► _____

Type or print name _____