

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 \_\_\_\_\_ )

Telephone No. \_\_\_\_\_ )

Email Address \_\_\_\_\_ )

vs. \_\_\_\_\_ )

Name \_\_\_\_\_ Defendant )

Street Address \_\_\_\_\_ )

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

Telephone No. \_\_\_\_\_ )

Email Address \_\_\_\_\_ )

And (Please check what applies.) [ ] Defendant or )

Name [ ] Registered Agent )

Street Address \_\_\_\_\_ )

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

Telephone No. \_\_\_\_\_ )

Email Address \_\_\_\_\_ )

SMALL CLAIMS
AFFIDAVIT & SUMMONS

Case No. \_\_\_\_\_

AFFIDAVIT

I swear that the following is true:

- (1) Defendant Owes me \$\_\_\_\_\_ for the claim described in paragraph (2)
plus the court filing fee of \$\_\_\_\_\_
plus an estimated service fee of \$\_\_\_\_\_
plus estimated attorney fees of \$\_\_\_\_\_ (attach statute or contract showing you are authorized to claim attorney fees.)
for a total of \$\_\_\_\_\_ plus prejudgment interest, if qualified.

(2) The events happened on (date)\_\_\_\_\_. My claim is based on the following facts. \_\_\_\_\_

- (3) [ ] Defendant resides within the jurisdiction of this court. [ ] The events happened within the jurisdiction of this court.
(4) [ ] I am not suing a government entity. [ ] I am not suing a government employee for the employee's on-the-job conduct
(5) [ ] I am not suing on a claim that has been assigned to me.
(6) [ ] I agree to receive all future court filings or court correspondence by email transmitted by the court. (optional)

I have not included any non-public information on this document.

Date \_\_\_\_\_ Sign here ► \_\_\_\_\_

I certify that \_\_\_\_\_, who is known to me or who presented satisfactory identification, has, while in my presence and while under oath or affirmation, voluntarily signed this document and declared that it is true.

Date \_\_\_\_\_ Court Clerk or Notary Sign here ► \_\_\_\_\_

Notary Seal ►

SUMMONS

THE STATE OF UTAH TO THE ABOVE NAMED DEFENDANT(S): You are summoned to appear at trial, at: 7505 S Holden St, Midvale, UT 84047 to answer the above claim. If you fail to appear at the trial, judgment may be entered against you for the total amount claimed.

Date of trial: \_\_\_\_\_ Time: 2:00 p.m.

Date \_\_\_\_\_ Court Clerk Sign here ► \_\_\_\_\_

Disability Accommodations: If you need accommodation of a disability, contact a judicial service assistant at least 3 days before the hearing.

