

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
COUNTER AFFIDAVIT
AND SUMMONS**

Case No. _____

COUNTER AFFIDAVIT

I am the Defendant, Attorney for Defendant and my Utah Bar number is _____. I swear that the following is true:

- (1) Plaintiff owes me \$_____ for the claim described in (2)
plus the filing 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, if qualified for prejudgment interest.

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

- (3) I am not suing a government entity. I am not suing a government employee for the employee's on-the-job conduct
(4) I am not suing on a claim that has been assigned to me.
(5) I understand that I may be barred from later bringing any claims arising out of the event or transaction if the claims are not described in this affidavit.

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

Date _____

Sign here ► _____

Printed Name ► _____

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 PLAINTIFF(S): You are summoned to appear at a trial to answer the above claim. If you fail to appear, judgment may be entered against you for the amount claimed.

- The original trial date remains unchanged and is on: The original trial date has been changed to:

Trial Date: _____ **Time:** 2:00 p.m. **Place:** **7505 S Holden St, Midvale, UT 84047**

Certificate of Service

I certify that I mailed a copy of this Small Claims Counter Affidavit and Summons to the following people.

Person Name: _____ Address: _____ Date Sent: _____

Date _____ Court Clerk Signature ► _____

Notice to the Plaintiff: A small claims case has been filed against you. This imposes upon you certain right and responsibilities. You may obtain small claims information and instructions at www.utcourts.gov/howto/

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