

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 APPEAL

Case No. _____

I am the plaintiff defendant attorney for plaintiff attorney for defendant. I appeal the final judgment entered in this case to the District Court.

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

I declare under penalty of Utah Code Section 78B-5-705 that everything stated in this document is true and correct.

Date _____ Sign here ► _____

Typed or printed name _____

Certificate of Service

I certify that I served a copy of this Notice of Appeal 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) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)		
(Clerk of Court)	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery		
	<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) <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) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)		

Date _____ Sign here ► _____

Typed or printed name _____

\$10.00 Fee

**450 SOUTH STATE, SALT LAKE CITY, UTAH 84111
SALT LAKE COUNTY, SALT LAKE DEPARTMENT**

Name _____,Plaintiff)

)

vs. _____) **NOTICE OF MEDIATION**

)

Name _____,Defendant) Case No. _____

The Third District court has received a Notice of appeal from Salt Lake City Justice Court, who is the Plaintiff , Defendant, in the above entitled small claims case. Prior to this case being scheduled for pretrial or trial the parties are required to mediate the dispute using mediators provided by:

Utah Dispute Resolution
The Law & Justice Center
645 South 200 East
Salt Lake City UT 84111
(801) 532-4841

You will receive a notice explaining when and where the mediation is to take place.

Certificate of Service

I certify that I served a copy of this Notice of Mediation 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) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)		
(Clerk of Court)	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery		
	<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) <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) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)		

Date _____

Sign here ► _____

Typed or printed name _____

REMINDER: Take all documents regarding this case to your mediation hearing.

cc: UDR

Fee: \$225.00

THIRD DISTRICT COURT, STATE OF UTAH
Information sheet for Mediation of Appeals Cases

To be submitted in conjunction with Notice of Mediation

Case No. _____

Plaintiff:

Name _____

Street Address _____

City, State, ZIP _____

Telephone#s _____ (h) _____ (w) _____ (cell)

Defendant(s):

Name _____

Street Address _____

City, State, ZIP _____

Telephone#s _____ (h) _____ (w) _____ (cell)

(Copy to be given to Dispute Resolution)