

_____))
 _____))
 Email: _____))
 _____)) Plaintiff(s) **SMALL CLAIMS**
 vs. _____)) **MOTION TO POSTPONE**
 _____))
 _____)) Case No. _____
 Email: _____)) Defendant(s)

I am the plaintiff defendant attorney for _____. My Utah Bar number is: _____.
 By and through my attorney, (attorney, check here if you are appearing for your client.)
 I request that the trial hearing scheduled for _____ (date), be postponed because:

I agree to receive, from the court, the Order to Postpone by email provided above.

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 Motion to Postpone on the following people.			
Business or Person's Name	Method of Service	Served at this Address	Served on this Date
	<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 & discretion residing there.)		
Midvale Justice Court (Clerk of Court)	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Electronic File	7505 S Holden St, Midvale UT	
	<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.)		
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Date _____ Sign here ► _____
 Typed or Printed name _____

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

_____))
 _____))
 Email: _____ Plaintiff(s)) **SMALL CLAIMS**
 vs. _____) **ORDER ON**
 _____) **MOTION TO POSTPONE**
 _____))
 _____) Case No. _____
 Email: _____ Defendant(s))

This matter comes before the court on a motion by Plaintiff Defendant Court, to postpone the trial hearing.
 The court being fully informed, the Motion is;

- Denied.** The trial hearing date will remain as scheduled, at **7505 S Holden St Midvale UT** .
 Granted. The trial hearing is re-scheduled for the date and time below, at **7505 S Holden St Midvale**

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

Date: _____ Sign here ► _____
 Clerk Judge Judge's signature stamp used at the
 direction of the judge by clerk _____

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

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Business or Person's Name	Method of Service	Served at this Address	Served on this Date
	<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 & discretion residing there.)		
Midval Justice Court Clerk of Court)	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Electronic File	7505 S Holden Midvale Ut	
	<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.)		
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Date: _____ Clerk Signature here ► _____
 Printed Name _____