Name						
Name						
Address						
City Ctata 7in						
City, State, Zip						
Phone						
E						
Email						
I am the [] Defenda [] Attorney		efendant ar	nd my	Utah Bar numb	er is	
In the Justice Court of Utah						
_FI	FTH .	Judicial Dist	rict	IRON	County	
Court Address 82	NORTH	100 EAS	Γ, ST	E 101, CEDA	R CITY, UT 84	1720
District.				Counter Affida (Small Claims)	avit and Summo	ns
Plaintiff				(0)		
V.						
				Case Number		
Defendant						
And				Judge		
Defendant						
I swear that the follow	ing is true	Э.				
(1) Plaintiff owes me	\$		f	or the claim des	scribed in paragra	aph (2).
plus the filing fee of	\$					
plus estimated			,		r contract showir	
attorney fees of			a	are authorized to	o claim attorney f	ees.)
for a total of:	\$					
plus prejudgment, if qualified for prejudgment interest.						

(2)	The events happened on the following facts.		• •	(date). My claim is based on		
(3)	[]	I am not suing a government e employee for the employee's c	ntity. I am not suing a government n-the-job conduct.		
(4)	[]	I am not suing on a claim that	nas 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.			
coul	d a	sk		this case to the district court where I keep this case in the justice court, I		
I have	e no	t inc	luded any non-public information in this	document.		
Date	e: _		Sign h	ere ▶		
		Р	rinted Name. Defendant or Defendant's	Agent		
who is	s kr	nown	to me or who presented satisfactory ide			
my pr true.	ese	nce	and while under oath or affirmation, vol	(form of identification), has, while in untarily signed this document and declared that it is		
Date	e: _		Sign h	ere ▶		
			Notary or Cour	t Clerk		

Notary Seal

Summons

Plaintiff Name and Address	Nombre y dirección del Demandante
• • •	at trial to answer the above claim. The trial will be held a ve. If you fail to appear, judgment may be entered unt claimed.
juicio tendrá lugar en la	a juicio para responder al reclamo arriba descrito. El dirección del tribunal que se muestra arriba. Si usted no dictar un fallo contra usted por el total de la cantidad
The original trial date (La fecha original para juicio)	 has not changed no ha sido cambiada has been changed to: ha sido cambiada para:
Date (Fecha)	Time (Hora) : [] a.m. [] p.m.
Room (Sala)	Judge (Juez)

Notice to the Plaintiff

A counterclaim has been filed against you. This imposes upon you certain rights and responsibilities. You can find small claims information and instructions at https://www.utcourts.gov/howto/smallclaims/.

The court's Finding Legal Help web page (www.utcourts.gov/howto/legalassist/) provides information about the ways you can get legal help, including the Self-Help Center, reduced-fee attorneys, limited legal help and free legal clinics.

Un contrademanda ha sido presentado contra usted. Esto le impone a usted ciertos derechos y obligaciones. Usted puede encontrar información e instrucciones sobre reclamos menores en https://www.utcourts.gov/howto/smallclaims/.

La página del tribunal sobre Como Encontrar Ayuda Legal (<u>www.utcourts.gov/howto/legalassist/</u>) proporciona información acerca de las maneras en que usted puede obtener ayuda legal, incluyendo el Centro de Ayuda del tribunal, abogados a precio reducido, ayuda legal limitada y talleres jurídicos gratuitos.

To:

Para:

Attendance. You must attend. If you do not attend, the relief requested might be granted. You have the right to be represented by a lawyer.

Asistencia. Presentarse es obligatorio. Si usted no llegara a presentarse, el remedio solicitado podría ser otorgado. Usted tiene el derecho de que lo represente un abogado.

Evidence. Bring with you any evidence that you want the court to consider.

Pruebas. Traiga con usted cualquier prueba que quiera que el tribunal tome en cuenta.

Interpretation. If you do not speak or understand English, contact court staff at least 3 days before the hearing, and an interpreter will be provided.

Interpretación. Si usted no habla ni entiende el Inglés contacte al personal del tribunal por lo menos 3 días antes de la audiencia y le proveerán un intérprete.

Disability Accommodation. If you have a disability requiring accommodation, including an ASL interpreter, contact court staff at least 3 days before the hearing.

Atención en caso de incapacidades. Si usted tiene una incapacidad por la cual requiere atención especial, favor de contactar al personal del tribunal por lo menos 3 días antes de la audiencia.

ate Sign here ▶				
	Court Clerk			
	Certificate of Service			
I certify that I mailed a copy of this	document to the following people.			
Person's Name	Address	Date Sent		
Doto	Sign hara			
Date	Sign here ►			
	Court Clerk			