

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

I am the  Plaintiff/Petitioner  
 Defendant/Respondent  
 Attorney for the  Plaintiff/Petitioner  Defendant/Respondent and my  
Utah Bar number is \_\_\_\_\_

In the  District  Justice Court of Utah

    **FIFTH**     Judicial District     **IRON**     County

Court Address **82 NORTH 100 EAST, STE 101, CEDAR CITY, UT 84720**

<b>Military Service Declaration</b>	
_____ Plaintiff/Petitioner	_____ Case Number
v.	_____ Judge
_____ Defendant/Respondent	_____ Commissioner

I say as follows:

(1) The clerk of court has issued a Certificate showing the default of the:

- Plaintiff/Petitioner
- Defendant/Respondent

(2)(A)  I am unable to determine the military status of the defaulting party.

OR

(B)  The defaulting party (check one):

is in military service.

is not in military service.

(3)  I have done the following research to support the above conclusion.

---

---

---

(4)(A)  (A certificate from the Department of Defense Manpower Data Center is the preferred evidence of the defaulting party's military service status. Check this box only if you have attached that certificate.)

I visited the Department of Defense Manpower Data Center website (<https://scra.dmdc.osd.mil/scra/#/home>) and entered the following information for the defaulting party, which I know to be correct:

Name	Social Security Number (Last 4 digits only)	Date of Birth

(4)(B)  I know the identifying information is correct because:

---

---

(5)  I do not know and am unable to discover the defaulting party's date of birth or social security number.

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

I declare under criminal penalty of Utah Code Section 78B-5-705 that the information in this document is true and correct. I understand that for knowingly making a false statement, I can be fined as provided in Title 18, United States Code, or imprisoned for not more than one year, or both.

\_\_\_\_\_ Sign here ► \_\_\_\_\_

Date \_\_\_\_\_ Typed or printed name \_\_\_\_\_

### Certificate of Service

I certify that I served a copy of this document on the following people.

Person's Name	Method of Service	Served at this Address	Served on this Date
(Any Party not in Default or Attorney)	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> E-filed <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.)		
(Clerk of Court)	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> E-filed		
	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> E-filed <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.)		
	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> E-filed <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.)		

\_\_\_\_\_ Sign here ► \_\_\_\_\_  
 Date  
 \_\_\_\_\_ Typed or Printed Name \_\_\_\_\_