
Name

Address

City, State, Zip

Phone

Email

I am the Defendant
 Attorney for the Defendant and my Utah Bar number is _____

In the Justice Court of Utah

FIFTH Judicial District **IRON** County

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

_____ Plaintiff	Counter Affidavit and Summons (Small Claims) _____ Case Number _____ Judge
v.	
_____ Defendant	
And	
_____ Defendant	

I swear that the following is true.

(1) Plaintiff owes me \$ _____ for the claim described in paragraph (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 understand that I have the right to move this case to the district court where I could ask for a jury trial. By deciding to keep this case in the justice court, I waive my right to a jury trial.

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

Date: _____ Sign here ► _____

Printed Name. Defendant or Defendant's Agent _____

On this date, I certify that _____ (name) who is known to me or who presented satisfactory identification, in the form of _____ (form of identification), has, while in my presence and while under oath or affirmation, voluntarily signed this document and declared that it is true.

Date: _____ Sign here ► _____

Notary or Court Clerk _____

Notary Seal

Summons

To:

Para:

Plaintiff Name and Address

Nombre y dirección del Demandante

You are summoned to appear at trial to answer the above claim. The trial will be held at the court address shown above. **If you fail to appear, judgment may be entered against you for the total amount claimed.**

*Se le cita a comparecer a juicio para responder al reclamo arriba descrito. El juicio tendrá lugar en la dirección del tribunal que se muestra arriba. **Si usted no comparece, se podría dictar un fallo contra usted por el total de la cantidad reclamada.***

The original trial date has not changed
(La fecha original para juicio) *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 (www.utcourts.gov/howto/legalassist/) 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.

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.*

Date _____

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

Date _____

Sign here ► _____

Court Clerk _____