

MURRAY CITY JUSTICE COURT  
3<sup>RD</sup> JUDICIAL DISTRICT, SALT LAKE COUNTY, STATE OF UTAH  
688 EAST VINE STREET, MURRAY, UTAH 84107

Name: \_\_\_\_\_, Plaintiff  
Street Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Email: \_\_\_\_\_

**SMALL CLAIMS  
COUNTER AFFIDAVIT  
AND SUMMONS**

**VS**

Name: \_\_\_\_\_, Defendant  
Street Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Email: \_\_\_\_\_

CASE NO. \_\_\_\_\_

**COUNTER AFFIDAVIT**

I swear that the following is true:

- (1) Plaintiff owes me: \$ \_\_\_\_\_  
(2) Plus the court filing fee of: \$ \_\_\_\_\_  
(3) For a total of: \$ \_\_\_\_\_ plus prejudgment interest, if qualified  
(4) The events happened on (date) \_\_\_\_\_. My claim is based on the following facts:

\_\_\_\_\_

- (5)  I am not suing a government entity. I am not suing a government employee for the employee's on-the-job conduct.  
(6)  I am not suing on a claim that has been assigned to me  
(7)  I understand 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.  
(8)  I understand 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 on this document.

Date \_\_\_\_\_ Defendant Signature ► \_\_\_\_\_

Printed Name ► \_\_\_\_\_

Subscribed and sworn to on:

Date \_\_\_\_\_ Notary or Court Clerk Signature ► \_\_\_\_\_

**SUMMONS**

THE STATE OF UTAH TO THE PLAINTIFF: You are summoned to appear at a trial and answer the above claim:

- The original date remains unchanged and is on: \_\_\_\_\_  The original trial date has been changed to: \_\_\_\_\_

On Date: \_\_\_\_\_ at Time: \_\_\_\_\_ at 688 East Vine Street, Murray, UT 84107.

If you fail to appear at the trial, a judgment may be entered against you for the total amount claimed.

I certify that I mailed a copy of this Counter Affidavit to the plaintiff at the above address on file with the court.

Dated: \_\_\_\_\_ Court Clerk: \_\_\_\_\_

## 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/](http://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/](http://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.*