

My Name _____
 Address _____
 City, State, Zip _____
 Phone _____
 E-mail _____

I am the Defendant
 Attorney for the Defendant, Utah Bar number is _____

Heber City Justice Court Wasatch County, State of Utah 75 N. Main Street, Heber City, UT 84032	
_____ Plaintiff v. _____ Defendant And _____ Defendant	Counter Affidavit and Summons Case Number _____ Judge Randy B. Birch

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 prejudice, if qualified for prejudice 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.

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

Date: _____ Sign here
Printed Name. Defendant or Defendant's Agent

I certify that _____, who is known to me or who presented satisfactory 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

The State of Utah to the Plaintiff:

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.**

The original trial date remains unchanged and is on:

has been changed to:

Date _____ Time _____ : _____ a.m. p.m.

Room _____ Top Floor _____ 75 N Main St. Heber City, Utah

Notice to the Plaintiff. A small claims case has been filed against you. This imposes upon you certain rights and responsibilities. You may obtain small claims information and instructions at www.utcourts.gov/howto/

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

Date: _____

Sign here _____

Court Clerk _____

Certificate of Service

I certify that I mailed a copy of this Counter Affidavit to the following people.

Person's Name	Address	Date Sent

Date	Sign here Court Clerk
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