

SALT LAKE COUNTY JUSTICE COURT, STATE OF UTAH
 SALT LAKE COUNTY, SMALL CLAIMS DEPARTMENT
 2001 S STATE ST, S BUILDING, 4TH FLOOR; Suite S4 300
Email: SLCOJusticeCourt@slco.org
 Mailing Address: PO Box 144575
 Salt Lake City, UT 84114-4575

_____ Plaintiff Name	SMALL CLAIMS COUNTER AFFIDAVIT AND ORDER Case No. _____
_____ Street Address	
_____ City, State, ZIP	
_____ Phone	
_____ Defendant Name	
_____ Street Address	
_____ City, State, ZIP	
_____ Phone	

COUNTER AFFIDAVIT

Defendant swears that the following is true:

- (1) Defendant does not owe plaintiff the sum of \$ _____
- (2) Plaintiff owes defendant the sum of \$ _____
- plus a \$50.00 filing fee for a claim of \$2,000 or less \$ _____
- plus a \$70.00 filing fee for a claim of more than \$2,000 to \$7,500 \$ _____
- plus a \$120.00 filing fee for a claim of more than \$7,500 to \$10,000 \$ _____
- For a total of \$ _____.

(3) This debt arose on _____ for:

 _____.

(print) _____ By(sign) _____
 (Defendant's name or Agent's name and title, if appropriate)

SUBSCRIBED and SWORN to before me on _____, 20 ____.

 Clerk, Deputy or Notary

ORDER OF THE COURT

THE STATE OF UTAH TO THE PLAINTIFF:

The trial date indicated on the Affidavit remains.

The original trial date has been changed to:

Date: _____ Time: _____

Address: _____

If you fail to appear at the trial, judgment may be entered against you for the amount listed above.

I certify that I mailed delivered a copy of this Counter Affidavit to plaintiff.

Dated _____, 20 ____ _____

Clerk or Deputy