

SALT LAKE COUNTY JUSTICE COURT, STATE OF UTAH  
 SALT LAKE COUNTY, SMALL CLAIMS DEPARTMENT  
 2001 S STATE ST, SO BUILDING, 4<sup>TH</sup> FLOOR; ROOM S4 300  
**Email: [SLCOJusticeCourt@slco.org](mailto:SLCOJusticeCourt@slco.org)**  
 Mailing Address: PO Box 144575  
 Salt Lake City, UT 84114-4575  
 Phone: (385) 468-8200 / Fax: (801) 468-8223

\_\_\_\_\_  
 Plaintiff Name

\_\_\_\_\_  
 Street Address

\_\_\_\_\_  
 City, State, ZIP

\_\_\_\_\_  
 Phone

SMALL CLAIMS  
 AFFIDAVIT AND  
 ORDER

\_\_\_\_\_  
 Defendant Name

Case # \_\_\_\_\_

\_\_\_\_\_  
 Street Address

\_\_\_\_\_  
 City, State, ZIP

\_\_\_\_\_  
 Phone

**AFFIDAVIT**

Plaintiff swears that the following is true:

(1) Defendant owes plaintiff \$ \_\_\_\_\_  
 [ ] plus a \$60.00 filing fee for a claim of \$2,000 or less \$ \_\_\_\_\_  
 [ ] plus a \$100.00 filing fee for a claim of more than \$2,000 to \$7,500 \$ \_\_\_\_\_  
 [ ] plus a \$185.00 filing fee for a claim of more than \$7,500 to \$10,000 \$ \_\_\_\_\_  
 Plus an **estimated service fee** of \$ \_\_\_\_\_  
 For a total of \$ \_\_\_\_\_.

(2) This debt arose on \_\_\_\_\_ for: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(3) Defendant resides or the claim arose within the jurisdiction of this court.

Plaintiff: (print) \_\_\_\_\_

By(sign) \_\_\_\_\_

(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 DEFENDANT: You are directed to appear at a trial and answer the above claim:

On Date: \_\_\_\_\_ At Time: \_\_\_\_\_ At 2001 South State Street, South Building, 4<sup>th</sup> Floor,  
 Room S4200  
 With Judge: \_\_\_\_\_

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

Dated \_\_\_\_\_, 20 \_\_\_\_  
 \_\_\_\_\_  
 Clerk or Deputy