

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

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

Kane County Justice Court
76 North Main Street
Kanab, UT 84741

Plaintiff

v.

Defendant

And

Defendant

Interpleader Affidavit and Summons

Case Number _____

Judge _____

I swear that the following is true.

(1) I am holding \$_____ because

- (2) Defendants each say or may say that they each should have the money.
- (3) Defendants reside within the jurisdiction of the court.
 The events happened within the jurisdiction of the court.
- (4) Plaintiff has paid the money into court.
 Plaintiff will pay the money as directed by the court.
- (5) I am filing this affidavit in the First District Court for Cache County because the defendant resides in unincorporated Cache County or in a municipality within Cache County that does not have a justice court and the cause of action arose in unincorporated Cache County or in a municipality within Cache County that does not have a justice court.

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

Date: _____ Sign here ► _____
 Printed Name. Plaintiff or Plaintiff'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 Defendants:

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.**

Date _____ Time ____:____ [____] a.m. [____] p.m.

Room _____

Notice to the Defendant. 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 _____