
My Name

Address

City, State, Zip

Phone

Email

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

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

<p>_____ Plaintiff v. _____ Defendant And _____ Defendant</p>	<p>Counter Affidavit and Summons Case Number _____ Judge _____</p>
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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 prejudgment, if qualified for prejudgment 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.
- (5) I understand that 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.

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 _____

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 _____