SOUTH JORDAN CITY JUSTICE COURT, STATE OF UTAH
SALT LAKE COUNTY, SMALL CLAIMS DEPARTMENT
1600 WEST TOWNE CENTER DRIVE, SOUTH JORDAN, UTAH 84095

_____, Plaintiff Name _____ Street Address _____ City, State, ZIP Phone _____ Defendant Name _____ Street Address _____ City, State, ZIP Phone	SMALL CLAIMS COUNTER AFFIDAVIT AND ORDER Case #_____

COUNTER AFFIDAVIT

Plaintiff swears that the following is true:

(1) Defendant does not owe plaintiff the sum of $_____
(2) Plaintiff owes defendant 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 $2,001-$7,500 $_____
[ ] plus a $120.00 filing fee for a claim of more than $7,501-$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: 1600 W Towne Center Drive (10600 So.)
South Jordan, Utah 84095
801-254-6381

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 Clerk