

MIDVALE JUSTICE COURT
 7505 S HOLDEN STREET, MIDVALE, UT 84047
 Phone: 801-255-4234 / Fax: 801-567-1696 / www.midvalecity.org

Name _____, Plaintiff)

Street Address _____)

City, State, ZIP _____)

vs. _____)

Name _____, Defendant)

Street Address _____)

City, State, ZIP _____)

SMALL CLAIMS

MOTION TO SET ASIDE

Case No. _____

I am the Plaintiff Defendant Attorney for _____. I request that the default judgment Order of Dismissal entered on _____ (date) be set aside. I was not able to appear at trial because:

I declare under penalty of Utah Code Section 78B-5-705 that everything stated in this document is true and correct.

Date: _____ Sign here ► _____

Certificate of Service			
I certify that I served a copy of this Motion to Set Aside on the following people.			
Person's Name	Method of Service	Served at this Address	Served on this Date
(Any Party not in Default or Attorney)	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Fax (Person agreed to service by fax.) <input type="checkbox"/> Email (Person agreed to service by email.) <input type="checkbox"/> Left at business (With person in charge or in receptacle for deliveries.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)		
Midvale Justice Court	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Electronic File	7505 S Holden Street Midvale, UT 84047	
	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Fax (Person agreed to service by fax.) <input type="checkbox"/> Email (Person agreed to service by email.) <input type="checkbox"/> Left at business (With person in charge or in receptacle for deliveries.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)		
	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Fax (Person agreed to service by fax.) <input type="checkbox"/> Email (Person agreed to service by email.) <input type="checkbox"/> Left at business (With person in charge or in receptacle for deliveries.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)		

Date _____ Sign here ► _____
 Typed or Printed Name _____

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Name _____, Plaintiff)
 Street Address _____)
 City, State, ZIP _____)
 vs.)
 Name _____, Defendant)
 Street Address _____)
 City, State, ZIP _____)

SMALL CLAIMS

ORDER ON

MOTION TO SET ASIDE

Case No. _____

ORDER ON MOTION TO SET ASIDE

This matter comes before the court on a motion by plaintiff defendant Attorney for _____, to set aside the default judgment order of dismissal. The court being fully informed, the Motion is

Hearing required. The hearing is scheduled for _____ at the above address at 1:00 P.M.

Disability Accommodations. If you need accommodation of a disability, contact a judicial service assistant at least 3 days before the hearing.

Date: _____ Judge Sign here ► _____
 Judge's signature stamp used at the direction of the judge by clerk _____

Certificate of Service			
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Person's Name	Method of Service	Served at this Address	Served on this Date
	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Fax (Person agreed to service by fax.) <input type="checkbox"/> Email (Person agreed to service by email.)		
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	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Fax (Person agreed to service by fax.) <input type="checkbox"/> Email (Person agreed to service by email.)		

Court Clerk
 Sign here ► _____

Date _____

Typed or Printed Name _____