

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

NOTICE OF APPEAL

Case No. _____

I am the plaintiff defendant attorney for plaintiff attorney for defendant. I appeal the final judgment entered in this case to the District Court.

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

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

Date _____ Sign here ► _____

Typed or printed name _____

Certificate of Service

I certify that I served a copy of this Notice of Appeal on the following people.

Person's Name	Method of Service	Served at this Address	Served on this Date
(Other Party 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) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)		
(Clerk of Court)	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery		
	<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) <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) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)		

Date _____ Sign here ► _____

Typed or printed name _____

\$10.00 Fee

**450 SOUTH STATE, SALT LAKE CITY, UTAH 84111
SALT LAKE COUNTY, SALT LAKE DEPARTMENT**

Name _____,Plaintiff)

)

vs. _____) **NOTICE OF MEDIATION**

)

Name _____,Defendant) Case No. _____

The Third District court has received a Notice of appeal from Midvale City Justice Court, who is the Plaintiff, Defendant, in the above entitled small claims case. Prior to this case being scheduled for pretrial or trial the parties are required to mediate the dispute using mediators provided by:

Utah Dispute Resolution
The Law & Justice Center
645 South 200 East
Salt Lake City UT 84111
(801) 532-4841

You will receive a notice explaining when and where the mediation is to take place.

Certificate of Service

I certify that I served a copy of this Notice of Mediation on the following people.

Person's Name	Method of Service	Served at this Address	Served on this Date
(Other Party 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) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)		
(Clerk of Court)	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery		
	<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) <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) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)		

Date _____

Sign here ► _____

Typed or printed name _____

REMINDER: Take all documents regarding this case to your mediation hearing.

cc: UDR

Fee: \$225.00

THIRD DISTRICT COURT, STATE OF UTAH
Information sheet for Mediation of Appeals Cases

To be submitted in conjunction with Notice of Mediation

Case No. _____

Plaintiff:

Name _____

Street Address _____

City, State, ZIP _____

Telephone#s _____ (h) _____ (w) _____ (cell)

Defendant(s):

Name _____

Street Address _____

City, State, ZIP _____

Telephone#s _____ (h) _____ (w) _____ (cell)

(Copy to be given to Dispute Resolution)