

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

**SMALL CLAIMS
 MOTION TO DISMISS**

Case No. _____

I am the plaintiff. I am the Defendant. I am the Attorney for _____ . Bar# _____ .

By and through my attorney; (Attorney, check here if you are appearing for you client.)

I request that this case be dismissed with prejudice because it has been fully settled.

I request that this case be dismissed without prejudice because: _____ .

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 Small Claims Motion To Dismiss on the following people.			
Business or 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.) <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 & discretion residing there.)		
Midvale Justice Court (Clerk of Court)	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Electronic File		
	<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.)		

I declare under criminal penalty of Utah Code Section 78B-5-705 that this Certificate of Service is true and correct.

Date _____

Sign here ► _____

Typed or printed name _____

MIDVALE JUSTICE COURT
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 Phone: 801-255-4234 / Fax: 801-567-1696 / www.midvalecity.org

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

**SMALL CLAIMS
 ORDER ON MOTION TO
 DISMISS CASE**

Case No. _____

This matter comes before the court on a motion by Plaintiff Defendant Attorney for _____ to dismiss this case.

The court being fully informed, it is ordered that:

- (1) Plaintiff's claim is dismissed with prejudice and cannot be re-filed.
- (2) Plaintiff's claim is dismissed without prejudice and can be re-filed.
- (3) Defendant _____'s (name) counterclaim is dismissed with prejudice and cannot be refiled.
- (4) Defendant _____'s (name) counterclaim is dismissed without prejudice and cannot be refiled.

 Date

 Judge's signature stamp used at the direction of the judge
 by clerk _____

Certificate of Service			
I certify that I served a copy of this Small Claims Order on Motion to Dismiss Case on the following people.			
Business or 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.) <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 & discretion residing there.)		
Midvale Justice Court (Clerk of Court)	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Electronic File	7505 S Holden St Midvale Ut	
	<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.)		
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I declare under criminal penalty of Utah Code Section 78B-5-705 that this Certificate of Service is true and correct.

Date _____

Sign here ► _____

Typed or printed name _____