| Name                                                                                                                                          |                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| Address                                                                                                                                       |                                       |
| City, State, Zip                                                                                                                              |                                       |
| ony, oraco, zip                                                                                                                               |                                       |
| Phone                                                                                                                                         |                                       |
| Email                                                                                                                                         |                                       |
| I am [ ] Plaintiff/Petitioner [ ] Defendan [ ] Plaintiff/Petitioner's Attorney [ ] Defendan [ ] Plaintiff/Petitioner's Licensed Paralegal Pra | t/Respondent's Attorney (Utah Bar #:) |
| Defendant/Respondent's Licensed Paraleg                                                                                                       |                                       |
| In the [ ] District [ ]                                                                                                                       | Justice Court of Utah                 |
| Judicial District                                                                                                                             | County                                |
| Court Address                                                                                                                                 |                                       |
|                                                                                                                                               |                                       |
|                                                                                                                                               | Military Service Declaration          |
| Plaintiff/Petitioner                                                                                                                          | Case Number                           |
| V.                                                                                                                                            |                                       |
|                                                                                                                                               | Judge                                 |
| Defendant/Respondent                                                                                                                          | Commissioner (domestic cases)         |
|                                                                                                                                               | Commissioner (domestic cases)         |
| . I have asked the clerk of court to issue a Default Certificate showing                                                                      |                                       |
| [ ] plaintiff/petitioner                                                                                                                      |                                       |
| [ ] defendant/respondent                                                                                                                      |                                       |
| is the defaulting party.                                                                                                                      |                                       |
| 2. The military status of the defaulting pa                                                                                                   | arty is                               |
| [ ] in military service. I will also submit a Military Service Order.                                                                         |                                       |
| [ ] not in military service.                                                                                                                  |                                       |
| [ ] unknown to me.                                                                                                                            |                                       |

| 3.    | My statement about the defaulting party's military status is based on the                                                                                                                                                                                                                                                          |
|-------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|       | following: (For example: "John Doe is 88 years old which is too old to be in the military. I've lived with him for the past twenty years. I personally know he has not been in the military during those twenty years. He has worked full-time at ACME Cleaning Services as a janitor in Salt Lake City for the past five years.") |
|       | past live years. )                                                                                                                                                                                                                                                                                                                 |
|       |                                                                                                                                                                                                                                                                                                                                    |
|       |                                                                                                                                                                                                                                                                                                                                    |
|       |                                                                                                                                                                                                                                                                                                                                    |
|       |                                                                                                                                                                                                                                                                                                                                    |
|       |                                                                                                                                                                                                                                                                                                                                    |
|       |                                                                                                                                                                                                                                                                                                                                    |
| Plair | tiff/Petitioner or Defendant/Respondent                                                                                                                                                                                                                                                                                            |
|       |                                                                                                                                                                                                                                                                                                                                    |
|       | are under criminal penalty under the law of Utah that everything stated in this document is true.                                                                                                                                                                                                                                  |
| Signe | d at (city, and state or country).                                                                                                                                                                                                                                                                                                 |
|       |                                                                                                                                                                                                                                                                                                                                    |
| Date  | Signature ►                                                                                                                                                                                                                                                                                                                        |
|       | Printed Name                                                                                                                                                                                                                                                                                                                       |
|       |                                                                                                                                                                                                                                                                                                                                    |
|       |                                                                                                                                                                                                                                                                                                                                    |
| Atto  | ney or Licensed Paralegal Practitioner of record (if applicable)                                                                                                                                                                                                                                                                   |
|       | Signature ►                                                                                                                                                                                                                                                                                                                        |
| Date  |                                                                                                                                                                                                                                                                                                                                    |
|       | Printed Name                                                                                                                                                                                                                                                                                                                       |
|       |                                                                                                                                                                                                                                                                                                                                    |
|       |                                                                                                                                                                                                                                                                                                                                    |
|       |                                                                                                                                                                                                                                                                                                                                    |
|       |                                                                                                                                                                                                                                                                                                                                    |
|       |                                                                                                                                                                                                                                                                                                                                    |
|       |                                                                                                                                                                                                                                                                                                                                    |

## **Certificate of Service**

I certify that I filed with the court and am serving a copy of this Military Service Declaration on the following people.

| Person's Name | Service Method                                                                | Service Address | Servic<br>Date |
|---------------|-------------------------------------------------------------------------------|-----------------|----------------|
|               | [ ] Mail                                                                      |                 |                |
|               | [ ] Hand Delivery                                                             |                 |                |
|               | [ ] E-filed                                                                   |                 |                |
|               | [ ] Email                                                                     |                 |                |
|               | [ ] Left at business (With person in charge or in receptacle for deliveries.) |                 |                |
|               | [ ] Left at home (With person of suitable age and discretion residing there.) |                 |                |
|               | [ ] Mail                                                                      |                 |                |
|               | [ ] Hand Delivery                                                             |                 |                |
|               | [ ] E-filed                                                                   |                 |                |
|               | [ ] Email                                                                     |                 |                |
|               | [ ] Left at business (With person in charge or in receptacle for deliveries.) |                 |                |
|               | [ ] Left at home (With person of suitable age and discretion residing there.) |                 |                |
|               | [ ] Mail                                                                      |                 |                |
|               | [ ] Hand Delivery                                                             |                 |                |
|               | [ ] E-filed                                                                   |                 |                |
|               | [ ] Email                                                                     |                 |                |
|               | Left at business (With person in charge or in receptacle for deliveries.)     |                 |                |
|               | [ ] Left at home (With person of suitable age and discretion residing there.) |                 |                |

|      | Signature ►  |
|------|--------------|
| Date |              |
|      | Printed Name |