

This is a tier \_\_\_\_ case.

☐ This is a private record.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

I am ☐ Defendant/Respondent ☐ Defendant/Respondent's Attorney (Utah Bar #: \_\_\_\_\_)

In the District Court of Utah

\_\_\_\_\_ Judicial District \_\_\_\_\_ County

Court Address \_\_\_\_\_

\_\_\_\_\_  
Plaintiff/Petitioner

v.

\_\_\_\_\_  
Defendant/Respondent

**Counterclaim**

\_\_\_\_\_  
Case Number

\_\_\_\_\_  
Judge

\_\_\_\_\_  
Commissioner (domestic cases)

**1. Claims**

I believe the plaintiff/petitioner has harmed me in these ways (Explain any claim you have against the plaintiff/petitioner. Attach additional sheets if needed.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. **Request**

I want the court to (Explain what you want the court to do based on your claims. Be specific.  
For example, "I want the court to award damages of \$\_\_\_\_\_.):

---

---

---

---

---

---

I declare under criminal penalty under the law of Utah that everything stated in this document is true.

Signed at \_\_\_\_\_ (city, and state or country).

_____	Signature ►	_____
Date	Printed Name	_____

### Certificate of Service

I certify that I filed with the court and served a copy of this Counterclaim on the following people.

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"/> E-filed <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"/> E-filed <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"/> E-filed <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.)		

Signature ►

Date

Printed Name