

\_\_\_\_\_  
My Name

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

I am the  Plaintiff/Petitioner  Defendant/Respondent  
 Attorney for:  
 Plaintiff/Petitioner  Defendant/Respondent, and my Utah Bar number  
is \_\_\_\_\_  
 Person with Power of Attorney for:  
 Plaintiff/Petitioner  Defendant/Respondent, who is in military service

\_\_\_\_\_  
In the  District  Justice Court of Utah  
\_\_\_\_\_ Judicial District \_\_\_\_\_ County  
Court Address \_\_\_\_\_

	<b>Notice of Hearing</b>
_____ Plaintiff/Petitioner	_____ Case Number
v.	_____ Judge
_____ Defendant/Respondent	_____ Commissioner

To:

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

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

The court has scheduled a hearing on the Motion for Stay under the Servicemembers Civil Relief Act at the following date and time.

Date \_\_\_\_\_ Time \_\_\_\_ : \_\_\_\_ [ ] a.m. [ ] p.m.

Room \_\_\_\_\_ Judicial Officer \_\_\_\_\_

\_\_\_\_\_ Sign here ► \_\_\_\_\_  
Date  
Typed or Printed Name \_\_\_\_\_

### Certificate of Service

I certify that I served a copy of this document 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"/> E-File <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.)		
(Clerk of Court)	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> E-File		
	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> E-File <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"/> E-File <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.)		

\_\_\_\_\_ Sign here ► \_\_\_\_\_  
 Date  
 \_\_\_\_\_  
 Typed or Printed Name