
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 _____

Stipulation to Enter Judgment	
_____ Petitioner	_____ Case Number
v.	_____ Judge
_____ Respondent	_____ Commissioner

Attach Waiver of Rights under the Servicemembers Civil Relief Act.

By and through my legal representative (attorney or person with power of attorney, check here if you are appearing for the service member.)

I say as follows:

(1) I have received and read the Complaint or Petition that has been filed with the court and its supporting documents. I fully understand the claims and the request for judgment.

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-filed <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.)		
(Child Support Division, if applicable)	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> E-filed <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-filed		
	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> E-filed <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-filed <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.)		

Date _____

Sign here ► _____

Typed or printed name _____