
Name

Address

City, State, Zip

Phone

Check your email. You will receive information and documents at this email address.

Email

I am Plaintiff/Petitioner Defendant/Respondent
 Plaintiff/Petitioner's Attorney Defendant/Respondent's Attorney (Utah Bar #: _____)
 Plaintiff/Petitioner's Licensed Paralegal Practitioner
 Defendant/Respondent's Licensed Paralegal Practitioner (Utah Bar #: _____)

In the District Court of Utah

_____ Judicial District _____ County

Court Address _____

	Answer
_____ Plaintiff/Petitioner	_____ Case Number
v.	_____ Judge
_____ Defendant/Respondent	_____ Commissioner (domestic cases)

1. **Agree**
I agree completely with everything stated in the following numbered paragraphs of the complaint (Write the paragraph number(s) from the complaint.):

2. **Disagree**
I disagree with all or part of the following numbered paragraphs of the complaint (Write the paragraph number(s) from the complaint.):

3. **Not enough information to agree or disagree**

I do not have enough information to agree or disagree with the following paragraphs of the complaint (Write the paragraph number(s) from the complaint.):

Explanation of responses

(Optional. Complete only if you have more to say. Attach additional sheets if needed.)

4. Referring to paragraph number _____ of the complaint or petition, I state:

5. Referring to paragraph number _____ of the complaint or petition, I state:

6. Referring to paragraph number _____ of the complaint or petition, I state:

7. **Affirmative defenses**

(Optional. Complete only if you know another reason why the plaintiff/petitioner should not be granted their request.)

8. **Request**

(Optional. Explain what you want the court to do based on your defenses. Be specific. For example, "I ask the court to dismiss the Complaint.")

Plaintiff/Petitioner or Defendant/Respondent

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).

Date

Signature ► _____
Printed Name _____

Attorney or Licensed Paralegal Practitioner of record (if applicable)

Date

Signature ► _____
Printed Name _____

Certificate of Service

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

Person's Name	Service Method	Service Address	Service Date
	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> E-filed <input type="checkbox"/> 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 <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 <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 _____