
Name

Address

City, State, Zip

Phone

Email

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

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

In the District Court of Utah

_____ Judicial District _____ County

Court Address _____

In the Matter of (select one)

- the Marriage of (for a divorce with or without children, annulment, separate maintenance, or temporary separation case)
 the Children of (to establish custody, parent-time or child support)
 the Parentage of the Children of (for a paternity case)

(name of Petitioner)

and

(name of Respondent)

Other parties (if any)

Motion to Waive Required Classes

(Utah Code 30-3-4, 78B-15-610)

Case Number

Judge

Commissioner

1. I ask the court to waive the following required classes.

Divorce Orientation class for:

petitioner.

respondent.

Parenting class for:

petitioner.

respondent.

2. The classes are not necessary, appropriate, feasible, or in the best interest of the parties because:

3. I am attaching the following documents to support my motion.

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 Motion to Waive Required Classes 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.)		

 Date

Signature ► _____
 Printed Name _____