
Name

Address (omit if safeguarded)

City, State, Zip (omit if safeguarded)

Phone (omit if safeguarded)

Email (omit if safeguarded)

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

- I am Petitioner Respondent Person Acting as Parent
 Petitioner's Attorney Respondent's Attorney Person Acting as Parent's Attorney
(Utah Bar #: _____)
 Petitioner's Licensed Paralegal Practitioner Respondent's Licensed Paralegal Practitioner
 Person Acting as Parent'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)

Request for Hearing – Request to Register Foreign Child Custody or Parent-Time Order, or Support or Income Withholding Order

Case Number

Judge

Commissioner

I request a hearing because I object to the Request to Register Foreign Child Custody or Parent-Time Order, or Support or Income Withholding Order.

Date _____

Signature ► _____

Printed name _____

Certificate of Service

I certify that I filed with the court and am serving a copy of this Request for Hearing – Request to Register Foreign Child Custody or Parent-Time Order, or Support or Income Withholding Order 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 _____