

This is a private record.

Name

Address

City, State, Zip

Phone

Email

I am the Guardian/Conservator
 Attorney for the Guardian/Conservator and my Utah Bar number is _____

In the District Court of Utah

_____ Judicial District _____ County

Court Address _____

In the Matter of Protection for

a protected person.

**Motion to Change Accounting
Report Requirements**
(Utah Code 75-5-312(4))

Case Number

Judge

1. I was appointed on _____ (date).
2. I ask to change the following accounting report requirements:
 - the reporting period. I ask that it be changed each year as follows:
 - Begin date: _____
 - End date: _____
 - the reporting frequency. I ask that I be required to provide an accounting every: (list how often a report will be needed, such as every 2 years)
_____.
 - the information required in the report. I ask that I only be required to report on: _____.

3. I ask for this change because (explain):

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).

_____	Signature ►	_____
Date	Printed Name	_____

Certificate of Service

I certify that I filed with the court and served a copy of this Motion to Change Accounting Report Requirements on the following people.

Person's Name	Method of Service	Served at this Address	Served on this Date
	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> E-filed <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"/> 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"/> 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.)		

_____ Signature ► _____
 Date _____
 Printed Name _____