
Name

Address

City, State, Zip

Phone

Email

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

I am ☐ Petitioner
☐ Petitioner's Attorney (Utah Bar #:_____)

In the District Court of Utah

_____ Judicial District _____ County

Court Address _____

In the Matter of Protection for

Respondent

**People Who Must be Notified in
Guardianship and Conservatorship
Proceeding**

Case Number

Judge

1. Utah Law states that certain people must be notified of a guardianship proceeding, including:
 - The person alleged to be incapacitated ("respondent").
 - The respondent's spouse, parents, and adult children, OR the respondent's closest adult relative if the others cannot be found.
 - The respondent's current guardian, conservator, caregiver and custodian.
 - Any person nominated as guardian by the respondent, parent, or spouse.
 - The respondent's healthcare agent and agent under a power of attorney.
 - Any other interested person.
 - Adult Protective Services (APS), if a referral was made about the respondent.
2. The respondent must be personally served (a non-party person delivering a physical copy). The respondent's spouse and parents must also be personally served if they are in Utah. Otherwise, they and any others requiring notice listed

above may be served by first class mail or other method permitted by Utah Rules of Civil Procedure 5.

3. As required above, I will **serve the petition and notice** of the hearing to the following people in the manner indicated:

Respondent

Role or Title

Personally

Method of Service

Name

Address

City, State, Zip

Phone

Email

Respondent's spouse (if any) [] Deceased

Role or Title

Personally [] Mail (lives out of state)

Method of Service

Name

Address

City, State, Zip

Phone

Email

Respondent's mother [] Deceased

Role or Title

Personally [] Mail (lives out of state)

Method of Service

Name

Address

City, State, Zip

Phone

Email

Respondent's father [] Deceased

Role or Title

Personally [] Mail (lives out of state)

Method of Service

Name

Address

City, State, Zip

Phone

Email

4. As required above, I will **mail a copy of the petition and notice** of the hearing to the following people at least 10 days before the hearing: (Fill out those that apply, leave blank any that do not apply to the respondent)

Respondent's adult child (if any) [] Deceased

Role or Title

Name

Address

City, State, Zip

Phone

Email

Respondent's adult child (if any) [] Deceased

Role or Title

Name

Address

City, State, Zip

Phone

Email

OR Respondent's closest adult relative

Role or Title

Name

Address

City, State, Zip

Phone

Email

Guardian, Conservator, or Caregiver (if any)

Role or Title

Name

Address

Guardian, Conservator, or Caregiver (if any)

Role or Title

Name

Address

City, State, Zip

City, State, Zip

Phone

Phone

Email

Email

Nominated Guardian (if any) ☐ Deceased

Nominated Conservator (if any) ☐ Deceased

Role or Title

Role or Title

Name

Name

Address

Address

City, State, Zip

City, State, Zip

Phone

Phone

Email

Email

Respondent's Power of Attorney (if any)

Respondent's Health Care Agent (if any)

Role or Title

Role or Title

Name

Name

Address

Address

City, State, Zip

City, State, Zip

Phone

Phone

Email

Email

Interested Person (if any)

Role or Title

Name

Address

City, State, Zip

Phone

Email

Interested Person (if any)

Role or Title

Name

Address

City, State, Zip

Phone

Email

Adult Protective Services (Utah Code 75-5-309)

Role or Title

Name

Address

City, State, Zip

Phone

Email

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