

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

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

I am the  Prosecuting Attorney and my Utah Bar number is \_\_\_\_\_  
 Defendant  
 Attorney for the Defendant and my Utah Bar number is \_\_\_\_\_

In the  District  Juvenile  Justice Court of Utah

\_\_\_\_\_ Judicial District \_\_\_\_\_ County

Court Address \_\_\_\_\_

<p>_____ Plaintiff</p> <p>v.</p> <p>_____ Defendant</p>	<p><b>Findings of Fact and Conclusions of Law on Motion to Shorten Period of Driver's License Suspension or Denial</b></p> <p>_____ Case Number</p> <p>_____ Judge</p>
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The matter before the court is the Defendant's Motion to Shorten Period of Driver's License Suspension or Denial. This matter is being resolved by:(Choose all that apply.)

The default of  Prosecuting Attorney  Defendant.

The stipulation of the parties.

The pleadings and other papers of the parties.

A hearing held on \_\_\_\_\_ (date), notice of which was served on all parties.

The Prosecutor

- was present.
- was not present.

Defendant

- was present.
- was not present.
- was represented by \_\_\_\_\_ (name).
- was not represented.

Having considered the documents filed with the court, the evidence and the arguments, and now being fully informed,

**The Court Finds:**

1. This court reported to the Driver License Division a conviction/adjudication of a violation of: (Choose all that apply.)
  - Section 41-6a-502. (Driving under the influence of alcohol or drugs.)
  - Section 41-6a-517. (Driving with any measurable controlled substance in the body.)
2. This conviction/adjudication  is  is not the Defendant's only conviction/adjudication for violating either statute.
3. On the date of the violation the Defendant was under 21 years of age, and the Defendant  has  has not completed at least six months of the period of license suspension or denial.
4. As part of the sentence, the Defendant  has  has not completed a drug or alcohol screening and: (Choose all that apply.)
  - the screening found an assessment to be appropriate, and the Defendant  has  has not completed the assessment.
  - the screening did not find an assessment to be appropriate.
  - the assessment found substance abuse treatment to be appropriate, and the Defendant  has  has not completed the substance abuse treatment.
  - the assessment did not find substance abuse treatment to be appropriate.
5.  As part of the Defendant's sentence, the court ordered the Defendant to complete a drug or alcohol educational series, and the Defendant  has  has not completed the series.

6. During the period of license suspension or denial the Defendant  has  has not been convicted of a violation of any motor vehicle law in which the Defendant was the operator of the vehicle.
7. The Defendant  has  has not complied with all orders of the court, including any terms of probation.

**The Court Concludes:**

8. The Defendant  has  has not met the requirements for shortening the period of license suspension or denial.
9. The motion should be:
  - granted.
  - denied.

Judge's signature may instead appear at the top of the first page of this document.

\_\_\_\_\_  
Date

Signature ► \_\_\_\_\_  
Judge \_\_\_\_\_

Approved as to form.

\_\_\_\_\_  
Date

Signature ► \_\_\_\_\_  
Prosecuting Attorney \_\_\_\_\_

\_\_\_\_\_  
Date

Signature ► \_\_\_\_\_  
Defendant or Attorney \_\_\_\_\_

### Certificate of Service

I certify that I filed with the court and am serving a copy of this Findings of Fact and Conclusions of Law on Motion to Shorten Period of Driver's License Suspension or Denial on the following people.

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