
My Name

Address

City, State, Zip

Phone

Email

I am the Plaintiff/Petitioner
 Defendant/Respondent
 Witness for the Plaintiff/Petitioner Defendant/Respondent
 Attorney for the Plaintiff/Petitioner Defendant/Respondent and my
Utah Bar number is _____

In the District Juvenile Justice Court of Utah

_____ Judicial District _____ County

Court Address _____

<p>_____ Plaintiff/Petitioner</p> <p>V.</p> <p>_____ Defendant/Respondent</p>	<p>Statement <input type="checkbox"/> Supporting <input type="checkbox"/> Opposing</p> <p>Motion to _____</p> <p><input type="checkbox"/> Hearing Requested</p> <p>_____ Case Number</p> <p>_____ Judge</p> <p>_____ Commissioner</p>
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Instructions:

- You must complete this form before you file it. Court staff cannot complete this form for you.
- Keep a copy of all documents for your records.
- Attend all court hearings.
- Attach the following:

- o Additional pages as needed to complete paragraphs that don't have enough space. Write the paragraph number on the additional page.
- o Non-Public Information Form, more fully describing non-public information asked for in this document.
- o Documents supporting your statements (if applicable).

(1) **I say as follows:** (State the facts of your case that support/oppose the motion. Make your statements in clear, simple sentences. Make each point a separate paragraph. Number the paragraphs. Arrange the paragraphs logically. Type your statements or print them clearly. The person signing this document must have first-hand knowledge of the facts stated.)

(2) I request a hearing.
 I do not request a hearing.

(3) List any documents you have attached that support your statements.

I have not included any non-public information in this document.

I declare under penalty of Utah Code Section 78B-5-705 that everything stated in this document is true.

_____ Sign here ► _____

Date _____ Typed or Printed Name _____

Certificate of Service

I certify that I served a copy of this document on the following people.

Person's Name	Method of Service	Served at this Address	Served on this Date
(Other Party or Attorney)	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Fax (Person agreed to service by fax.) <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.)		
(Clerk of Court)	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Electronic File		
	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Fax (Person agreed to service by fax.) <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.)		
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_____ Sign here ► _____
 Date

 Typed or Printed Name