
Name

Address

City, State, Zip

Phone

Email

In the District Court of Utah

_____ Judicial District _____ County

Court Address _____

<p>In the Matter of (select one)</p> <p><input type="checkbox"/> the Marriage of (for a divorce with or without children, annulment, separate maintenance, or temporary separation case)</p> <p><input type="checkbox"/> the Children of (to establish custody, parent-time or child support)</p> <p><input type="checkbox"/> the Parentage of the Children of (for a paternity case)</p> <p>_____ (name of Petitioner)</p> <p>and</p> <p>_____ (name of Respondent)</p> <p>_____ Other parties (if any)</p>	<p>Findings of Fact, Conclusions of Law and Order on Motion to</p> <p>_____ (name of motion)</p> <p>_____ Case Number</p> <p>_____ Judge</p> <p>_____ Commissioner</p>
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The matter before the court is plaintiff/petitioner's defendant/respondent's
Motion to _____ (name of motion).

This matter is being resolved by (Choose all that apply.):

- The default of plaintiff/petitioner defendant/respondent.
- The stipulation of the parties.
- The pleadings and other papers of the parties.

A hearing held on _____ (date).

Plaintiff/Petitioner

was was not present.

was represented by _____.

was not represented.

Defendant/Respondent

was was not present.

was represented by _____.

was not represented.

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

The court finds:

The court concludes:

The court orders:

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

Date
Signature ► _____
Commissioner _____

Date
Signature ► _____
Judge _____

Approved as to form.

Date
Signature ► _____
Plaintiff/Petitioner, Attorney or Licensed
Paralegal Practitioner _____

Date
Signature ► _____
Defendant/Respondent, Attorney or Licensed
Paralegal Practitioner _____

Certificate of Service

I certify that I filed with the court and am serving a copy of this Findings of Fact, Conclusions of Law and Order on Motion 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 _____