

This is a safeguarded record.

**Non-public Information –
Safeguarded Contact Information**

Case Number _____

Utah Code of Judicial Administration Rule 4-202.02

Instructions:

If your case is one of the types listed below and you want to safeguard your contact information (or that of your child) from the other party, write the information on this form and omit the information from the other documents you file in the case. File this form with the court, but **do not** serve this form on the other party.

Keep the following contact information private. Do not provide the contact information to the other party because (Choose all that apply.):

- I have a court order or agency order authorizing me to safeguard my contact information.
- this proceeding is about:
 - a protective order (Utah Code 78B-7-109).
 - a stalking injunction (Utah Code 78B-7-701).
 - a parentage order (Utah Code 62A-11-304.4).
 - a custody order (UCCJEA, Utah Code 78B-13-209).
 - a support order (UIFSA, Utah Code 78B-14-312).

Name			
Residential Address			
City, State, ZIP			
Phone		Email address	
Reason for safeguarding contact information	<input type="checkbox"/> court or agency order <input type="checkbox"/> protective order <input type="checkbox"/> stalking injunction	<input type="checkbox"/> parentage order <input type="checkbox"/> custody order (UCCJEA) <input type="checkbox"/> support order (UIFSA)	

Name			
Residential Address			
City, State, ZIP			
Phone		Email address	
Reason for safeguarding contact information	<input type="checkbox"/> court or agency order <input type="checkbox"/> protective order <input type="checkbox"/> stalking injunction	<input type="checkbox"/> parentage order <input type="checkbox"/> custody order (UCCJEA) <input type="checkbox"/> support order (UIFSA)	

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Plaintiff/Petitioner or Defendant/Respondent

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 _____

Attorney or Licensed Paralegal Practitioner of record (if applicable)

Date

Signature ► _____
Printed Name _____