

## **Agenda**

### **Committee on Court Forms**

Administrative Office of the Courts  
Scott M. Matheson Courthouse  
450 South State Street

October 17, 2017  
12:00 to 2:00 p.m.  
Council Room

1. Welcome and approval of minutes	Randy Dryer
2. Final review of Petition for Essential Treatment	Brent Johnson
3. Family law forms <ul style="list-style-type: none"><li>• Motion for Temporary Order – no kids</li><li>• Motion for Temporary Order – with kids (Two versions: one from the family law subcommittee, the other from the style subcommittee. Compare paragraphs 1 and 2.)</li><li>• Order on Motion – no kids</li><li>• Order on Motion – with kids</li></ul>	Stewart Ralphs
4. General forms <ul style="list-style-type: none"><li>• Answer</li><li>• Counterclaim</li><li>• Fee Waiver</li></ul>	Jessica Van Buren
5. Debt collection forms <ul style="list-style-type: none"><li>• Debt collection answer</li></ul>	Jessica Van Buren
6. CORIS Code list	Kim Allard
7. Final approval of Forms Committee Procedures	Randy Dryer
8. Other business <ul style="list-style-type: none"><li>• Revisit the 2018 Forms Committee meeting schedule</li></ul>	Randy Dryer
9. Adjourn	

## Meeting Schedule

### 2017

November 13  
December 11

### 2018

January 8  
February 12  
March 12  
April 9

May 14  
June 11  
July 9  
August 13  
September 10

October 9  
November 13  
December 1

MINUTES  
Utah Judicial Council's Committee  
on Court Forms

Administrative Office of the Courts  
450 South State Street  
Salt Lake City, UT 84111

September 19, 2017  
12:00 – 3:00 p.m.

ATTENDEES

Randy Dryer, Chair  
Judge James Taylor  
Judge Gregory Bown  
Commissioner T. Patrick Casey  
Stewart Ralphs  
Nathanael Player  
Mary Westby  
Kim Allard  
Cyndie Bayles  
Christina Cope  
Guy Galli  
Kara Mann  
Jessica Van Buren

EXCUSED

Judge Elizabeth Lindsley

STAFF

Brent Johnson  
Carol Sheets, Recording Secretary

**I. WELCOME AND APPROVAL OF MINUTES**

Randy Dryer welcomed the Committee members to the meeting.

The Committee discussed the August 24, 2017 minutes. There being no changes, Commissioner T. Patrick Casey moved to approve the minutes. Nathanael Player seconded the motion and it passed unanimously.

## **II. REVIEW AND APPROVE FORMS COMMITTEE PROCEDURES**

The Forms Committee Procedures were preliminarily discussed at the last meeting and there was an opportunity for people to make suggested changes. Since there was barely a quorum at the August committee meeting, the Forms Committee Procedures will be put on next month's agenda for discussion, possible revisions and final approval.

A motion was made by Stewart Ralphs to put the Forms Committee Procedures on the October meeting agenda for modifications and final approval. Christina Cope seconded the motion and it passed unanimously.

## **III. REVIEW ESSENTIAL TREATMENT FORMS**

The Committee recommended some changes to the wording of the Essential Treatment forms and Jessica Van Buren made revisions to them. There was also discussion of what the entire Essential Treatment process will be from the time a petition is filed until a judge has made an order.

The respondent will need to be evaluated by two examiners, but there is no clear indication of how soon the respondent will need to have these evaluations completed after the petition has been filed with the court. Judge Taylor would like clarification as to the timeframe so that he knows approximately how soon judges will need to schedule a hearing on the matter or how soon a respondent may be allowed to request a hearing. If the hearing date is of a time-sensitive nature, another factor to consider is that the examiners' schedules may make it difficult for the respondent to be quickly evaluated. Guy Galli recommended that there be some language in the form that says an "examiner has 24 hours to provide the evaluation to the judge, at which time the judge may set it for a hearing date or dismiss the case."

With regard to the Order on Request for Examination form, it was suggested that a checkbox be added with a line so that judges may list other types of requirements such as, "The examiner needs to go to the jail to conduct the examination on respondent."

Once the evaluations have been completed and provided to the court, the judge can make an order for commitment based on evidence from the two examiners if it is determined that the respondent has a significant substance abuse problem and may benefit from treatment. In the alternative, a judge may dismiss a petitioner's case if there is no proof that the respondent has a substance abuse problem.

There was discussion of who will ultimately be responsible for payment of the costs of the treatment program that are not covered by insurance. The Committee members would like

to ensure that the guarantor of the petition is only required to pay for the costs of the treatment related to the action presently before the court, and not for any other costs that the respondent may have incurred prior to or after this action. It was recommended that the wording in the Essential Treatment forms reflect that payment is “limited to all treatment ordered in this proceeding.”

It was suggested that a list of all examiners be put on our website, but since all Utah physicians and mental health professionals are considered examiners, it would be difficult and time consuming to create and maintain that database. Judge Bown found an online list of examiners that judges and petitioners could refer to and suggested that we put a link to that on our website.

It was decided that the committee will continue to review the Essential Treatment forms at the next committee meeting. Mr. Dryer thanked Jessica Van Buren for doing a great job on the forms so far. Ms. Van Buren will revise the forms in light of the suggestions made and the Committee will consider the forms again at the October meeting.

#### **IV. REVIEW LANDLORD TENANT FORMS INCLUDING DISCUSSION ON FORMATTING IN OCAP**

The Committee reviewed the Landlord Tenant forms and several changes to the forms were made. It was suggested that all of the forms be changed to reflect “Tenant / Occupant” rather than “Defendant”, and “Landlord / Owner” rather than “Plaintiff” since it has not yet become a lawsuit. Jessica Van Buren will make this change to all of the Landlord Tenant forms. She stated that the numbering has not been done on the forms yet, but that she will continue to work on it. Once the numbering has been completed, the forms will be sent to the Judicial Council for review.

With regard to OCAP forms, if the Court Forms Committee makes revisions to forms and the OCAP forms need to be updated, the oversight committee for OCAP will be in charge of making the changes. Mr. Dryer stated that the the Forms Committee will not be reviewing OCAP forms at this time and that these forms will be a last priority for the Forms Committee to review. Mr. Dryer will confirm with Mr. Johnson that the OCAP forms are not a priority for this Committee to review.

A motion was made by Cyndie Bayles to approve the forms as revised. Stewart Ralphs seconded the motion and it passed unanimously.

## **V. REVIEW DEBT COLLECTION AND GENERAL FORMS**

The Committee reviewed the Debt Collection and General forms and revisions were made to several of the forms. The Committee discussed how a Motion to Correct a Clerical Mistake form should be filed with the court. Examples of clerical mistakes that need to be corrected are: incorrect case numbers on pleadings, incorrect spelling of a party's name, transposed letters in words, mailing certificate errors, etc. Judge Taylor wanted to emphasize that these are nunc pro tunc corrections. If a corrected order is submitted to the court, it should read "Nunc Pro Tunc Corrected Order" to avoid any confusion. Mr. Dryer recommends that any nunc pro tunc orders be put in plain language. Mr. Dryer asked Jessica Van Buren if she would create a user key that shows the meaning of each of the acronyms that are used to create the form numbers at the bottom of each page (such as EVJ, CEJ, GEJ).

A motion was made by Stewart Ralphs to approve the forms as revised and submit them to the Judicial Council for review. Commissioner T. Patrick Casey seconded the motion and it passed unanimously.

## **VI. REVIEW FAMILY LAW FORMS**

It was pointed out that on one of the Family Law forms that "LLP" was typed rather than "LPP" (Licensed Paralegal Practitioner). Jessica corrected the form and she will also finish numbering the rest of the forms.

The Committee reviewed the forms and they will not need to come back to the Committee for a final review.

A motion was made by Stewart Ralphs to approve the forms as revised. Commissioner T. Patrick Casey seconded the motion and it passed unanimously.

## **VII. REVIEW ADULT ADOPTION FORMS**

The Committee reviewed the Adult Adoption forms and several changes were made. There are two different Petitions for Adoption that have been created: one for a single adopter, and one for a married couple. The married couples' Petition for Adoption and subsequent forms are all gender-neutral. The Committee members suggested that in the Consent to Adoption by Adult Adoptee which states that the adoptee is "free from duress and undue influence", that it should be put in plain language such as "I make this statement voluntarily and free from duress or improper influence."

A motion was made by Stewart Ralphs to approve the forms as revised and submit them to the Judicial Council for review. Judge Bown seconded the motion and it passed unanimously.

### **VIII. DISCUSS ILLINOIS REPORT**

The Illinois report was not discussed today due to time constraints and other pressing business. It was determined that individual Committee members should review the Illinois report and bring any item of interest to the Committee's attention at a future meeting.

### **IX. SET MEETING DATES**

The next committee meeting will be held on October 17, 2017, and meeting dates in November and December were proposed. According to most of the members' schedules, it appears that the second Monday of each month is the best day to set future committee meetings. An invitation will be sent out to the members for the October 17<sup>th</sup>, November 13<sup>th</sup> and December 11<sup>th</sup> meeting dates. If any of the members have a serious conflict with the upcoming meeting dates, please notify Mr. Dryer.

### **X. OTHER BUSINESS**

Mr. Dryer asked the subcommittees if they intend to have meetings before the next committee meeting. Most subcommittees will be having a meeting prior to that and will submit their forms to Jessica Van Buren for review by the Form and Format Subcommittee.

### **ADJOURN**

There being no further issues, the meeting adjourned at 3:00 p.m. The next meeting will be held on October 17, 2017, at 12:00 p.m.

☐ This is a private record.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

I am ☐ Plaintiff/Petitioner ☐ Defendant/Respondent  
☐ Plaintiff/Petitioner's Attorney ☐ Defendant/Respondent's Attorney (Utah Bar #: \_\_\_\_\_)  
☐ Plaintiff/Petitioner's Licensed Paralegal Practitioner  
☐ Defendant/Respondent's Licensed Paralegal Practitioner (Utah Bar #: \_\_\_\_\_)

In the District Court of Utah

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

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

	Answer
_____ Plaintiff/Petitioner	_____ Case Number
v.	_____ Judge
_____ Defendant/Respondent	_____ Commissioner (domestic cases)

I say the following:

1. **Agree**  
I agree completely with everything stated in the following numbered paragraphs of the complaint (Write the paragraph number(s) from the complaint.):

\_\_\_\_\_  
\_\_\_\_\_

2. **Disagree**  
I disagree with all or part of the following numbered paragraphs of the complaint (Write the paragraph number(s) from the complaint.):

3. **Not enough information to agree or disagree**

I don't have enough information to respond to the following paragraphs of the complaint (Write the paragraph number(s) from the complaint.):

**Explanation of responses** (Optional. Complete only if you have more to say. Attach additional sheets if needed.)

4. Referring to paragraph number \_\_\_\_\_ of the complaint or petition, I state that:

5. Referring to paragraph number \_\_\_\_\_ of the complaint or petition, I state that:

**Affirmative defenses.** (Optional. Complete these paragraphs only if you know a reason why the plaintiff/petitioner should not win the case, other than what you have already stated in your answers above.)

6.

7.

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**Request.** (Optional. Explain what you want the court to do based on your defenses. Be specific. For example, "I ask the court to dismiss the Complaint.")

8.

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9.

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10. I also ask for such other relief as the court finds equitable and just.

I declare under criminal penalty of the State of Utah that everything stated in this document is true.

\_\_\_\_\_  
Date

Signature ► \_\_\_\_\_  
Printed Name \_\_\_\_\_

### Certificate of Service

I certify that I filed with the court and served a copy of this Answer on the following people.

Person's Name	Method of Service	Served at this Address	Served on this Date
	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> E-filed <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.)		
	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> E-filed <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.)		
	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> E-filed <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.)		

Signature ►

Date

Printed Name

This is a tier \_\_\_\_ case.

☐ This is a private record.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

I am ☐ Defendant/Respondent ☐ Defendant/Respondent's Attorney (Utah Bar #: \_\_\_\_\_)

☐ Defendant/Respondent's Licensed Paralegal Practitioner (Utah Bar #: \_\_\_\_\_)

In the District Court of Utah

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

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

\_\_\_\_\_  
Plaintiff/Petitioner

v.

\_\_\_\_\_  
Defendant/Respondent

**Counterclaim**

\_\_\_\_\_  
Case Number

\_\_\_\_\_  
Judge

\_\_\_\_\_  
Commissioner (domestic cases)

I say the following:

(Explain any claim for damages or other relief you have against the plaintiff/petitioner. Attach additional sheets if needed.)

1.

2.

3.

4.

**Request**

(Explain what you want the court to do based on your claims. Be specific. For example, "I want the court to award damages of \$\_\_\_\_\_".)

5.

6.

7. I also ask for such other relief as the court finds equitable and just.

I declare under criminal penalty of the State of Utah that everything stated in this document is true.

\_\_\_\_\_  
Date

Signature ► \_\_\_\_\_  
Printed Name \_\_\_\_\_

### Certificate of Service

I certify that I filed with the court and served a copy of this Counterclaim on the following people.

Person's Name	Method of Service	Served at this Address	Served on this Date
	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> E-filed <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.)		
	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> E-filed <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.)		
	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> E-filed <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.)		

Signature ►

Date

Printed Name

## CORIS Codes

Code	Case Type Description
AA	Administrative Agency
AD	Adoption
AJ	Abstract of Judgment
CL	Adjudication of Marriage
CO	Conservatorship
CS	Custody and Support
DA	Divorce/Annulment
DC	Debt Collection
ES	Estate Personal Rep
EV	Eviction
FJ	Foreign Judgment
GB	Guardianship of Disabled Child
GE	General Civil
GM	Guardianship-Minor
GT	Guardianship-Adult
IC	Involuntary Commitment
LM	Lien/Mortgage Foreclosures
NC	Name Change
PA	Paternity
PO	Protective Order
RN	Post Conviction Relief Non Capital
SC	Small Claims
SK	Civil Stalking
TS	Temporary Separation
UC	UCCJEA Child Custody Jurisdiction
UF	UIFSA
WG	Wrongful Lien

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

I am ☐ Plaintiff/Petitioner ☐ Defendant/Respondent  
☐ Plaintiff/Petitioner's Attorney ☐ Defendant/Respondent's Attorney (Utah Bar #:\_\_\_\_\_)  
☐ Plaintiff/Petitioner's Licensed Paralegal Practitioner  
☐ Defendant/Respondent's Licensed Paralegal Practitioner (Utah Bar #:\_\_\_\_\_)

In the District Court of Utah

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

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

\_\_\_\_\_  
Plaintiff

v.

\_\_\_\_\_  
Defendant

**Answer – Debt Collection Case**

\_\_\_\_\_  
Case Number

\_\_\_\_\_  
Judge

I say the following:

1. **Agree**

I agree completely with everything stated in the following numbered paragraphs of the complaint (Write the paragraph number(s) from the complaint.):

\_\_\_\_\_  
\_\_\_\_\_

2. **Disagree**

I disagree with all or part of the following numbered paragraphs of the complaint (Write the paragraph number(s) from the complaint.):

\_\_\_\_\_  
\_\_\_\_\_

3. **Not enough information to agree or disagree**

I don't have enough information to respond to the following paragraphs of the complaint (Write the paragraph number(s) from the complaint.):

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**Explanation of responses** (Optional. Complete only if you have more to say. Attach additional sheets if needed.)

4. Referring to paragraph number \_\_\_\_\_ of the complaint or petition, I state that:

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5. Referring to paragraph number \_\_\_\_\_ of the complaint or petition, I state that:

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**Affirmative defenses**

(Optional. Complete these paragraphs only if you know a reason why the plaintiff should not win the case, other than what you have already stated in your answers above. Check all defenses that apply and add any additional defenses.)

6. ☐ **Account issues**

- The account is not my account, or
- I am not the person who placed the charges on the account, or
- I am not the person who incurred the debt.

7. ☐ **Ambiguous contract**

The contract is too ambiguous to be enforced.

8. ☐ **Bankruptcy**

I have a pending bankruptcy case or the debt was discharged in a previous bankruptcy case.

9. ☐ **Claims barred**  
The claims are barred because the debt is based on:
- a contract of adhesion (i.e. a take-it-or-leave-it contract),
  - an unconscionable contract,
  - a contract that is illegal or against public policy,
  - an illusory contract (i.e. a contract for which I did not receive anything in exchange), or
  - a contract that I did not sign or otherwise agree to.
10. ☐ **Co-signer**  
I was a co-signer but was not informed of my rights as a co-signer.
11. ☐ **Contract cancelled**
- I legally cancelled the contract and therefore do not owe anything, or
  - the creditor cancelled the contract and therefore is not entitled to payment.
12. ☐ **Debt ownership**  
The plaintiff is not the original owner of the debt and may not be able to prove that it rightfully owns the debt.
13. ☐ **Debt paid or excused**  
The debt has been paid or excused. For that reason, the claims are barred by accord and satisfaction, discharge, waiver, or release.
14. ☐ **Fraud or duress**  
The creditor lied to me, threatened me, or physically forced me to enter the contract or do the deal. For that reason, the claims are barred because the debt was procured through fraud, fraud in the inducement, or duress. Explain:
- 
- 
- 
15. ☐ **Goods and services issues**
- I never received the goods or services for which the debt was allegedly incurred, or
  - the goods and services were defective, or
  - the creditor damaged my property when delivering the goods or services.
16. ☐ **Laches, estoppel or unclean hands**
- The creditor/plaintiff waited too long to bring the claims, or

- it is inequitable for the creditor/plaintiff to bring the claims, or
- the creditor/plaintiff behaved badly with regard to the alleged debt.

For that reason, the claims are barred by laches, estoppel, or unclean hands.

17. ☐ **Loan acceleration**  
The creditor was not permitted to accelerate the loan.
18. ☐ **Mitigation of damages**  
The creditor did not mitigate damages. They failed to take actions to protect themselves and/or minimize the amount of the alleged debt.
19. ☐ **No claim**  
The complaint does not state a claim on which relief can be granted.
20. ☐ **Offset**  
I am entitled to an offset for amounts that I have paid or that should otherwise be credited to me.
21. ☐ **Performance**  
The plaintiff did not perform under the contract and is therefore barred from recovering under the contract.
22. ☐ **Res judicata**  
I or someone associated with me has previously been sued for the alleged debt. For that reason, the claims are barred by res judicata.
23. ☐ **Sale of property – commercially reasonable manner**  
After repossessing my property, the creditor or its representatives did not sell the property in a commercially reasonable manner (i.e. they sold it without properly advertising it or for less than it was worth).
24. ☐ **Sale of property – notice**  
After repossessing my property, the creditor or its representatives did not give me proper notice of the date, time and place of sale, thereby entitling me to offsetting statutory damages.
25. ☐ **Statute of frauds**  
The alleged debt is based on a credit agreement or an agreement to pay the debt of another person, but the contract is not in writing and signed as required by the statute of frauds and is therefore barred.
26. ☐ **Statute of limitations**

The claims are barred because they were brought after the six-year statute of limitations period for actions based on a contract, or because another applicable statute of limitations has expired.

27.    ☐    **Other** (State any other reason why the plaintiff should not win the case.)

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**Request**

(Optional. Specifically explain what you want the court to do based on your defenses.)

28.

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29.

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30.    I also ask for such other relief as the court finds equitable and just.

I declare under criminal penalty of the State of Utah that everything stated in this document is true.

	Signature ►	
Date	Printed Name	

**Certificate of Service**

I certify that I filed with the court and served a copy of this Answer – Debt Collection Case on the following people.

Person's Name	Method of Service	Served at this Address	Served on this Date
	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> E-filed <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.)		
	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> E-filed <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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\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature ►

\_\_\_\_\_  
 Printed Name

This is a private record.

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_

Email \_\_\_\_\_

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

In the District Court of Utah

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

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

In the matter of essential treatment for

Respondent \_\_\_\_\_

**Petition for Essential Treatment and Intervention**  
(Utah Code 62A-15-1203)

Case Number \_\_\_\_\_

Judge \_\_\_\_\_

1. **Venue**

I am filing my petition with this court because respondent lives in this county or is present in this county.

2. **Information about respondent**

Legal name	
Date of birth (if known)	
Social security number (if known)	
Address and current location (if known)	

3. **Petitioner's relationship to respondent**

Respondent is my:

☐ spouse

☐ grandparent

☐ parent

☐ child

☐ stepparent

☐ sibling

4. **Guardian for respondent**

Respondent

☐ does not have a legal guardian

☐ has a legal guardian, and the guardian's name and address is (if known):

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
Phone

5. **Criteria for essential treatment and intervention**

Respondent is suffering from a substance use disorder that, if not treated, presents a serious harm to self or others (Explain.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Respondent can reasonably benefit from the essential treatment (Explain.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Respondent is unlikely to substantially benefit from a less-restrictive alternative treatment (Explain.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. **Essential treatment**

Respondent can receive essential treatment at the following local substance abuse authority or approved treatment facility or program (List at least one local substance abuse authority or approved treatment facility or program.):

\_\_\_\_\_

\_\_\_\_\_

7. ☐ **Proof of health insurance**

I am attaching proof of health insurance to provide for respondent's essential treatment.

8. I ask the court to schedule a hearing.

9. I ask the court to order the following two essential treatment examiners to examine respondent before the hearing date. (Utah Code 62A-15-1202). I have tentatively scheduled the appointments as follows.

**Examination one**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ ☐ a.m. ☐ p.m.

Examiner's name: \_\_\_\_\_

Facility name: \_\_\_\_\_

Address: \_\_\_\_\_

**Examination two**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ ☐ a.m. ☐ p.m.

Examiner's name: \_\_\_\_\_

Facility name: \_\_\_\_\_

Address: \_\_\_\_\_

10. If the essential treatment examiners determine respondent meets the criteria for essential treatment, I ask the court order respondent to undergo essential treatment.

I declare under criminal penalty of the State of Utah that everything stated in this document is true.

\_\_\_\_\_  
Date  
Signature ► \_\_\_\_\_  
Petitioner's Printed Name \_\_\_\_\_

**Financial guarantee**

I \_\_\_\_\_ (name)  
agree to pay all treatment costs beyond those covered by the respondent's health  
insurance policy for all treatment ordered in this proceeding for respondent.

\_\_\_\_\_  
Date  
Signature ► \_\_\_\_\_  
Guarantor's Printed Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_

Email \_\_\_\_\_

In the District Court of Utah

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

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

In the matter of essential treatment for

Respondent \_\_\_\_\_

**Order on Request for Examination**  
(Utah Code 62A-15-1205)

Case Number \_\_\_\_\_

Judge \_\_\_\_\_

The matter before the court is the petitioner's request for an examination in support of the Petition for Essential Treatment and Intervention.

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

**The Court Orders That:**

1. The assertions in the Petition for Essential Treatment and Intervention, if true,
  - ☐ are sufficient to order the respondent to undergo essential treatment.
  - ☐ are not sufficient to order the respondent to undergo essential treatment. The petition is dismissed.
2. ☐ Respondent shall be examined by two essential treatment examiners to determine:
  - whether the respondent meets each of the criteria described in Section 62A-15-1204;
  - the severity of the respondent's substance use disorder, if any;

- what forms of treatment would substantially benefit the respondent, if the examiner determines that the respondent has a substance use disorder; and
  - the appropriate duration for essential treatment, if essential treatment is recommended.
3. ☐ The essential treatment examiners shall certify their findings to the court within 24 hours after the examination has been completed. The examination must be completed before the evidentiary hearing.
4. ☐ The examinations are scheduled as follows:

**Examination one**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ ☐ a.m. ☐ p.m.

Examiner's name: \_\_\_\_\_

Facility name: \_\_\_\_\_

Address: \_\_\_\_\_

**Examination two**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ ☐ a.m. ☐ p.m.

Examiner's name: \_\_\_\_\_

Facility name: \_\_\_\_\_

Address: \_\_\_\_\_

5. ☐ An evidentiary hearing will be held to determine whether the court should order the respondent to undergo essential treatment for a substance use disorder. The hearing will be held on:

Date: \_\_\_\_\_ Time: \_\_\_\_\_ ☐ a.m. ☐ p.m.

Room: \_\_\_\_\_ Judge: \_\_\_\_\_

Courthouse address: \_\_\_\_\_

- Respondent has the right to be represented by an attorney at their own expense.
- Respondent may request a preliminary hearing before submitting to the examination.

6. ☐ Other:

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

Date

Signature ►

Judge

Clerk's Certificate of Mailing		
I certify that mailed a copy of this Order on Request for Examination on the following people.		
Name	Address	Date
(Petitioner)		
(Respondent)		
(Respondent's Guardian (if any))		

Date

Clerk's  
Signature ►

Printed Name

This is a private record.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

I am ☐ Respondent  
☐ Respondent's Attorney (Utah Bar #:\_\_\_\_\_)

\_\_\_\_\_  
In the District Court of Utah

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

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

\_\_\_\_\_  
In the matter of essential treatment for

\_\_\_\_\_  
Respondent

**Respondent's Request for Hearing  
on Petition for Essential Treatment  
and Intervention**  
(Utah Code 62A-15-1205)

\_\_\_\_\_  
Case Number

\_\_\_\_\_  
Judge

I ask for a hearing on the question of whether the court should order me to undergo an examination.

\_\_\_\_\_  
Date

Signature ►

\_\_\_\_\_  
Printed Name

### Certificate of Service

I certify that I filed with the court and served a copy of this Respondent's Request for Hearing on Petition for Essential Treatment and Intervention on the following people.

Person's Name	Method of Service	Served at this Address	Served on this Date
	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> E-filed <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.)		
	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> E-filed <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.)		
	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> E-filed <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.)		

Signature ►

Date

Printed Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

In the District Court of Utah

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

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

In the matter of essential treatment for  Respondent _____	<b>Order on Petition for Essential Treatment and Intervention</b> (Utah Code 62A-15-1205)
	Case Number _____
	Judge _____

The matter before the court is a Petition for Essential Treatment and Intervention. This matter is being resolved by a hearing held on \_\_\_\_\_ (date), notice of which was served on all parties.

Petitioner (Choose all that apply.)

☐ was present      ☐ was not present.

☐ was represented by \_\_\_\_\_ (name).

☐ was not represented.

Respondent (Choose all that apply.)

☐ was present      ☐ was not present.

☐ was represented by \_\_\_\_\_ (name).

☐ was not represented.

**The Court Finds That:**

The essential treatment examiners' findings show:

1. There ☐ is ☐ is not clear and convincing evidence that respondent suffers from a substance use disorder.
2. There ☐ is ☐ is not clear and convincing evidence that respondent can reasonably benefit from the essential treatment.
3. There ☐ is ☐ is not clear and convincing evidence that respondent is unlikely to substantially benefit from a less-restrictive alternative treatment
4. There ☐ is ☐ is not clear and convincing evidence that Respondent presents a serious harm to self or others.

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

**The Court Orders That:**

5. The Petition is ☐ granted ☐ denied.
6. ☐ Respondent is ordered to receive essential treatment at the following local substance abuse authority or approved treatment facility or program:  
\_\_\_\_\_  
\_\_\_\_\_
7. ☐ The initial period of respondent's treatment shall be up to \_\_\_\_\_ days, but not more than 360 days, and shall be reviewed by the essential treatment provider at least every 90 days.
8. ☐ Petitioner shall be respondent's personal representative for purposes of respondent's essential treatment. (45 C.F.R. Sec. 164.502(g))
9. ☐ \_\_\_\_\_ (name)  
is ordered to pay all of treatment costs beyond those paid by respondent's health insurance policy for all court-ordered treatment for respondent.
10. ☐ Other:  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
Date

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

**Certificate of Service**

I certify that I filed with the court and served a copy of this Order on Petition for Essential Treatment on the following people.

Person's Name	Method of Service	Served at this Address	Served on this Date
	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> E-filed <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.)		
	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> E-filed <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.)		
	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> E-filed <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.)		

Date \_\_\_\_\_ Signature ► \_\_\_\_\_  
 Printed Name \_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

I am ☐ Plaintiff/Petitioner ☐ Defendant/Respondent  
☐ Plaintiff/Petitioner's Attorney ☐ Defendant/Respondent's Attorney (Utah Bar #: \_\_\_\_\_)  
☐ Plaintiff/Petitioner's Licensed Paralegal Practitioner  
☐ Defendant/Respondent's Licensed Paralegal Practitioner (Utah Bar #: \_\_\_\_\_)

In the ☐ District ☐ Justice Court of Utah

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

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

**Motion to Waive Fees**

\_\_\_\_\_  
Plaintiff/Petitioner

v.

\_\_\_\_\_  
Defendant/Respondent

\_\_\_\_\_  
Case Number

\_\_\_\_\_  
Judge

\_\_\_\_\_  
Commissioner (domestic cases)

1. I cannot pay these court fees. I believe I qualify for a waiver.
2. I ask the following fee(s) be waived: (Choose all that apply.)  

<input type="checkbox"/> Filing fee (including Office of Vital Records fees, if applicable)	<input type="checkbox"/> Divorce orientation class fee
<input type="checkbox"/> OCAP fee	<input type="checkbox"/> Service fee
<input type="checkbox"/> Divorce education class fee	<input type="checkbox"/> Other _____
3. I have attached an Affidavit Supporting Motion to Waive Fees showing my financial situation.

I declare under criminal penalty of the State of Utah that everything stated in this document is true.

\_\_\_\_\_  
Date

Signature ►

\_\_\_\_\_  
Printed Name

**This is a private record.**

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_

Email \_\_\_\_\_

I am ☐ Plaintiff/Petitioner ☐ Defendant/Respondent  
☐ Plaintiff/Petitioner's Attorney ☐ Defendant/Respondent's Attorney (Utah Bar #: \_\_\_\_\_)  
☐ Plaintiff/Petitioner's Licensed Paralegal Practitioner  
☐ Defendant/Respondent's Licensed Paralegal Practitioner (Utah Bar #: \_\_\_\_\_)

In the ☐ District ☐ Justice Court of Utah

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

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

	<b>Affidavit Supporting Motion to Waive Fees</b> (Utah Code 78A-2-302)
Plaintiff/Petitioner	Case Number _____
v.	
Defendant/Respondent	Judge _____
	Commissioner (domestic cases) _____

I swear that the following information is true. I have not left out any important information about my finances.

**1. Employment**

☐ I am employed:

Name of Employer(s)	Hours per week?	Hourly Pay	Monthly Pay
		\$	\$

Name of Employer(s)	Hours per week?	Hourly Pay	Monthly Pay
		\$	\$

☐ I am unemployed because: \_\_\_\_\_

☐ I have income from other sources.

(Include self employment wages, commissions, bonuses, rentals, businesses, retirement, SSDI, SSI, unemployment, alimony, child support, public assistance and support from others.)

**2. Dependents** (Count spouse, children or other dependents in your household. If none, write 0.)

The following people depend on me for support.

Number of adults	
Number of children under 18	

**3. Gross Monthly Income** (Income before tax deductions)

☐ I have the following monthly income:

(Print your pre-tax income in the boxes below. For income that changes from month to month, calculate the annual total and divide by 12 months to list a monthly average.)

Source of income	Monthly amount
Work (Including self employment, wages, salaries, commissions, bonuses, tips and overtime)	\$
Rental income	\$
Business income	\$
Interest and dividends	\$
Retirement income (Including pensions, 401(k), IRA, etc.)	\$
Worker's compensation	\$
Private disability insurance	\$
Social Security Disability Income (SSDI)	\$
Supplemental Security Income (SSI)	\$
Social Security (Other than SSDI or SSI)	\$
Unemployment benefits	\$
Education benefits	\$
Veteran's benefits	\$

Source of income	Monthly amount
Alimony	\$
Child support	\$
Payments from civil litigation	\$
Victim restitution	\$
Public assistance (Including AFDC, welfare, etc.)	\$
Support from household members	\$
Support from non-household members	\$
Trust income	\$
Annuity income	\$
Other (Describe)	\$
Other (Describe)	\$
Total Monthly Gross Income	\$

☐ I have no income because:

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#### 4. After Tax Income

☐ My monthly income is:

\$ _____	Gross Monthly Income from paragraph 3
- \$ _____	Minus Monthly Tax Deductions
= \$ _____	Equals After-Tax Monthly Income

☐ I have no income.

#### 5. Monthly Expenses

(Include amounts you pay for yourself and any spouse, children or other dependents in your household.)

☐ I am personally paying the following monthly expenses:

Monthly expense	Amount
Rent or mortgage	\$
Food and household supplies	\$

Monthly expense	Amount
Clothing	\$
Transportation (such as public transportation, automobile payments, insurance, gas, maintenance)	\$
Utilities (Such as electricity, gas, water, sewer, garbage)	\$
Telephone	\$
Credit card payments	\$
Loans and other debt payments	\$
Alimony	\$
Child support	\$
Child care	\$
Education	\$
Health care insurance	\$
Health care expenses (Excluding insurance listed above)	\$
Business expenses	\$
Real estate taxes	\$
Real estate insurance	\$
Real estate maintenance	\$
Other insurance (describe)	\$
Entertainment	\$
Laundry and dry cleaning	\$
Donations	\$
Gifts	\$
Health insurance premiums	\$
Life insurance premiums	\$
Union and other dues	\$
Garnishment or income withholding order	\$
Retirement deposits (Including pensions, 401(k), IRA, etc.)	\$
Other (describe)	\$
<b>Total Monthly Expenses</b>	<b>\$</b>

**6. Financial Assets You Own**

Asset	Holder (Name & address)	Co-owner (Name & address)	Current value
Bank or credit union account			\$
Bank or credit union account			\$
Stocks, bonds, securities, money market account			\$
Stocks, bonds, securities, money market account			\$
Money owed to you			\$
Cash			\$
Other (describe)			\$

**7. Real Estate You Own**

Address _____			
_____	_____	\$ _____	\$ _____
Date acquired	In whose name?	Original cost	Current value
_____		\$ _____	\$ _____
First mortgage or lien holder (name & address)		Amount owed	Monthly payments
_____		\$ _____	\$ _____
Second mortgage or lien holder (name & address)		Amount owed	Monthly payments

**8. Personal Property You Own**

(Such as vehicles, boats, trailers, major equipment, etc.)

Property	Lien holder (Name & address)	In whose name?	Current value	Amount owed	Monthly payments
Vehicle (Year, make, model)			\$	\$	\$
Vehicle (Year, make, model)			\$	\$	\$
Other (describe)			\$	\$	\$
Other (describe)			\$	\$	\$

**9. Credit Available**

Credit card	Bank or credit union	Credit limit	Credit available
		\$	\$
		\$	\$
		\$	\$
		\$	\$

**10. Debts You Owe**

(Do not include amounts you owe on property reported in paragraphs 8 and 9.)

Debt owed to (Name & address of creditor)	Purpose of debt (such as credit card, cash loan, installment payment, etc.)	In whose name?	Amount owed	Monthly payments
			\$	\$

Debt owed to (Name & address of creditor)	Purpose of debt (such as credit card, cash loan, installment payment, etc.)	In whose name?	Amount owed	Monthly payments
			\$	\$
			\$	\$
			\$	\$

**11. Other**

☐ The following facts also show why I cannot pay these court fees.

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\_\_\_\_\_  
 Date Signature ► \_\_\_\_\_  
 Typed or Printed Name \_\_\_\_\_

On this date, I certify that \_\_\_\_\_ (name)  
 who is known to me or who presented satisfactory identification, in the form of  
 \_\_\_\_\_ (form of identification), has, while in my  
 presence and while under oath or affirmation, voluntarily signed this document and declared that it is true.

\_\_\_\_\_  
 Date Signature ► \_\_\_\_\_  
 Printed name (Court Clerk or Notary Public) \_\_\_\_\_  
 Notary Seal

In the [ ] District [ ] Justice Court of Utah

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

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

**Certificate Regarding Inmate  
Account** (Inmates Only)

Plaintiff/Petitioner

v.

Defendant/Respondent

Case Number \_\_\_\_\_

Judge \_\_\_\_\_

Commissioner (domestic cases) \_\_\_\_\_

I certify that:

1. [ ] The inmate does not have a trust account, or  
[ ] the inmate has a trust account; and
2. [ ] The inmate's account balance is \$ \_\_\_\_\_; and
3. [ ] The inmate's six-month aggregate disposable income is \$ \_\_\_\_\_;  
and
4. [ ] The records about the inmate's accounts during the past six months or  
since the time of incarceration (whichever is shorter) are attached.

I declare under criminal penalty of the State of Utah that everything stated in this document is true.

\_\_\_\_\_  
Date  
Signature ► \_\_\_\_\_  
Printed name of trust account administrator \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

In the [ ] District [ ] Justice Court of Utah

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

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

Order on Motion to Waive Fees	
Plaintiff/Petitioner	Case Number
v.	Judge
Defendant/Respondent	Commissioner (domestic cases)

The matter before the court is a Motion to Waive Fees. Having reviewed the Motion and Affidavit to Waive Fees and supporting financial evidence, and having made an independent determination,

**The court orders that:**

1. [ ] **The motion is denied.** The information shows that the party is reasonably able to pay the fees.
2. [ ] **The motion is denied.** The party failed to provide the required information. The party may re-file the motion with the required information within 14 days.
3. [ ] **The motion is granted.** The following fees are waived. If the fee is waived in part, it is because the party is reasonably able to pay the balance.

Fee	Waived in Full	Waived in Part – Amount to be Paid
Filing fee (including Office of Vital Records fees, if applicable)	[ ]	
OCAP fee	[ ]	
Divorce education class fee	[ ]	
Divorce orientation class fee	[ ]	
Service fee	[ ]	
Other (Describe.)	[ ]	

4. If the court decides the party is able to pay some or all of the court fees associated with this case, the party must pay within 30 days or the case may be dismissed.
5. This order is subject to review and amendment as long as the court has jurisdiction of the case.

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

\_\_\_\_\_  
Date

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

### Notice to the Moving Party

If the fee waiver was denied because the judge found **you are reasonably able to pay** (paragraph 1 is marked), and you:

- have lost your source of income;
- have unaccounted expenses limiting your ability to pay;
- will suffer immediate irreparable harm if the action is delayed; or
- would lose the opportunity to file the case because of the delay,

you may file a Memorandum Demonstrating Inability to Pay Fees within 10 days of the date of this order.

If the fee waiver was denied **because you failed to provide the required information** (paragraph 2 is marked), and you want your request to be reconsidered, you must file a corrected motion with the required information within 14 days of the date of this order.

### Clerk's Certificate of Service

I certify that on \_\_\_\_\_ (date) a copy of this order was served on the moving party by the method indicated below:

Mailed	Emailed	Party Name	Mail or Email Address
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
			_____

_____	Signature ►	_____
Date	Printed name of court clerk	_____

In the [ ] District [ ] Justice Court of Utah

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

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

		<b>Order on Motion to Waive Fees</b> (Inmates)
Plaintiff/Petitioner		Case Number _____
v.		Judge _____
Defendant/Respondent		Commissioner (domestic cases) _____

The matter before the court is a Motion to Waive Fees. Having reviewed the Motion and Affidavit to Waive Fees and supporting financial evidence, and having made an independent determination,

**The court orders that:**

1. [ ] **The motion is denied.** The information shows that the party is reasonably able to pay the fees.
2. [ ] **The motion is denied.** The party failed to provide the required information. The party may re-file the motion with the required information within 14 days.
3. [ ] **The motion is granted.** The following fees are waived. If the fee is waived in part, it is because the party is reasonably able to pay the balance.

Fee	Waived in Full	Waived in Part – Amount to be Paid
Filing fee (including Office of Vital Records fees, if applicable)	[ ]	
OCAP fee	[ ]	
Divorce education class fee	[ ]	
Divorce orientation class fee	[ ]	
Service fee	[ ]	
Other (Describe.)	[ ]	

4. ☐ The party must pay the fees as ordered. Since the party is unable to pay the full amount of those fees at this time:

The party must pay an initial fee of \$\_\_\_\_\_, which is 50% of the party's current trust account balance or 10% of the party's six-month aggregate disposable income (whichever is greater).

Each month until the fees are paid in full, the agency having custody of the party shall garnish 20% of the party's aggregate disposable income for the preceding month and, when the amount collected exceeds \$10, pay the amount to the clerk of the court.

5. This order is subject to review and amendment as long as the court has jurisdiction of the case.

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

\_\_\_\_\_  
Date

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

### Notice to the Moving Party

If the fee waiver was denied because the judge found **you are reasonably able to pay** (paragraph 1 is marked), and you:

- have lost your source of income;
- have unaccounted expenses limiting your ability to pay;
- will suffer immediate irreparable harm if the action is delayed; or
- would lose the opportunity to file the case because of the delay,

you may file a Memorandum Demonstrating Inability to Pay Fees within 10 days of the date of this order.

If the fee waiver was denied **because you failed to provide the required information** (paragraph 2 is marked), and you want your request to be reconsidered, you must file a corrected motion with the required information within 14 days of the date of this order.

**Clerk's Certificate of Mailing**

I certify that on \_\_\_\_\_ (date) a copy of this order was mailed to the moving party at this address:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date Signature ► \_\_\_\_\_  
Printed name of court clerk \_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

I am ☐ Plaintiff/Petitioner ☐ Defendant/Respondent  
☐ Plaintiff/Petitioner's Attorney ☐ Defendant/Respondent's Attorney (Utah Bar #: \_\_\_\_\_)  
☐ Plaintiff/Petitioner's Licensed Paralegal Practitioner  
☐ Defendant/Respondent's Licensed Paralegal Practitioner (Utah Bar #: \_\_\_\_\_)

In the ☐ District ☐ Justice Court of Utah

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

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

\_\_\_\_\_  
Plaintiff/Petitioner

v.

\_\_\_\_\_  
Defendant/Respondent

**Memorandum Demonstrating  
Inability to Pay Fees**  
(Utah Code 78A-2-307)

\_\_\_\_\_  
Case Number

\_\_\_\_\_  
Judge

\_\_\_\_\_  
Commissioner (domestic cases)

1. I say the following (Choose all that apply.):
  - ☐ I have lost my source of income.
  - ☐ I have unaccounted expenses limiting my ability to pay.
  - ☐ I will suffer immediate irreparable harm if the action is delayed.
  - ☐ I would lose the opportunity to file the case because of the delay.
2. I have filed this document within 10 days after receiving the Order on Motion to Waive Fees.

3. I have attached documents to support my claims.

I declare under criminal penalty of the State of Utah that everything stated in this document is true.

_____	Signature ►	_____
Date	Printed Name	_____

**This is a private record.**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

I am ☐ Petitioner ☐ Respondent  
☐ Petitioner's Attorney ☐ Respondent's Attorney (Utah Bar #: \_\_\_\_\_)  
☐ Petitioner's Licensed Paralegal Practitioner  
☐ Respondent's Licensed Paralegal Practitioner (Utah Bar #: \_\_\_\_\_)

In the District Court of Utah

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

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

<p>_____ Petitioner</p> <p>v.</p> <p>_____ Respondent</p>	<p><b>Motion for Temporary Order – No Children</b></p> <p><b><input type="checkbox"/> Hearing Requested</b></p> <p>_____ Case Number</p> <p>_____ Judge</p> <p>_____ Commissioner</p>
---	---

I ask the court to enter temporary orders in the paragraphs I have marked below.

1. ☐ **Alimony** (Divorce cases only. (Utah Code 30-3-5(8)).)

I ask the court to order temporary alimony as follows (Attach Financial Declaration.):

☐ Petitioner ☐ Respondent shall pay to ☐ Petitioner ☐ Respondent  
temporary alimony in the amount of \$ \_\_\_\_\_ per month by:  
(Choose one.):

☐ Check

☐ Deposit in bank account

☐ Cashier's check or money order

☐ Other: \_\_\_\_\_

☐ Petitioner ☐ Respondent needs temporary alimony because:

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---

☐ Petitioner ☐ Respondent has the financial ability to pay temporary alimony because:

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---

**2. ☐ Payment of bills and debts**

I ask the court to order payment of bills and debts (such as mortgage, rent, credit card, utilities, medical expenses, car payments, insurance, etc.) as follows (Attach Financial Declaration. Attach additional pages if needed.):

☐ Petitioner to pay:

Type of Debt	Name of Creditor	Last 4 Digits of Account No.	Total Amount Owed	Monthly Amount Owed
			\$	\$
			\$	\$
			\$	\$

☐ Respondent to pay:

Type of Debt	Name of Creditor	Last 4 Digits of Account No.	Total Amount Owed	Monthly Amount Owed

			\$	\$
			\$	\$
			\$	\$

The bills and debts should be paid as requested because:

---

---

3. ☐ **Property.**

I ask the court to order the temporary use and possession of the following property (Attach Financial Declaration. Attach additional pages if needed.):

☐ To petitioner

☐ Residence (Address): \_\_\_\_\_

☐ Vehicle(s) (Make/model/year): \_\_\_\_\_

☐ Personal property items:

---

---

☐ Other: \_\_\_\_\_

☐ To respondent

☐ Residence (Address): \_\_\_\_\_

☐ Vehicle(s) (Make/model/year): \_\_\_\_\_

☐ Personal property items:

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☐ Other: \_\_\_\_\_

☐ I ask the court to order that neither party shall sell, transfer or dispose of any property without a court order or written agreement signed by both parties.

I ask for this property order because:

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4. ☐ **Attorney fees**

I ask the court to order the other party to pay \$\_\_\_\_\_ to my attorney. (You can only ask for this if you are paying an attorney to represent you in this case. You must attach a Financial Declaration.)

I ask for attorney fees because:

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5. ☐ **Other**

I ask the court for these additional orders:

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---

---

I ask for these additional orders because:

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---

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6. **Documents**

I have attached the following documents in support of this Motion for Temporary Order (Check all that apply. Blank versions of these forms can be found at [www.utcourts.gov/](http://www.utcourts.gov/)):

☐ Financial Declaration (Utah Rule of Civil Procedure 26.1)

☐ Income verification (Most recent tax return and pay stub)

☐ Other supporting documents:\_\_\_\_\_

I declare under criminal penalty of the State of Utah that everything stated in this document is true.

_____	Signature ►	_____
Date	Printed Name	_____

**Certificate of Service**

I certify that I filed with the court and served a copy of this Motion for Temporary Order – No Children on the following people.

Person's Name	Method of Service	Served at this Address	Served on this Date
	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> E-filed <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.)		
	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> E-filed <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.)		
	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> E-filed <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.)		

Signature ►

Date

Printed Name

**This is a private record.**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

I am ☐ Petitioner ☐ Respondent  
☐ Petitioner's Attorney ☐ Respondent's Attorney (Utah Bar #: \_\_\_\_\_)  
☐ Petitioner's Licensed Paralegal Practitioner  
☐ Respondent's Licensed Paralegal Practitioner (Utah Bar #: \_\_\_\_\_)

In the District Court of Utah

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

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

<p>_____</p> <p>Petitioner</p> <p>v.</p> <p>_____</p> <p>Respondent</p>	<p><b>Motion for Temporary Order – With Children</b></p> <p><b><input type="checkbox"/> Hearing Requested</b></p> <p>_____</p> <p>Case Number</p> <p>_____</p> <p>Judge</p> <p>_____</p> <p>Commissioner</p>
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I ask the court to enter temporary orders in the paragraphs I have marked below.

1. ☐ **Minor children**

The petitioner and the respondent are the parents of the following minor children:

Child's Initials	Child's Gender	Month and Year of Birth


The minor children have lived at the addresses listed below and with the persons listed below for the past five years: (Add additional sheets if needed.)

Child's Initials	Address (street, city, state, ZIP)	Dates child lived at this address	Name(s) of person(s) who lived with child at this address	Relationship(s) to child

**2. ☐ Child custody**

I ask the court to order temporary custody below (Choose one. If you ask for any joint legal custody or joint physical custody arrangement, you must attach a Parenting Plan based on Utah Code 30-3-10.7 to 30-3-10.10.):

☐ Custody Arrangement:

Child's Initials	Month and Year of Birth	Order physical custody to	Order legal custody to
		<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Joint physical	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Joint legal
		<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Joint physical	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Joint legal
		<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Joint physical	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Joint legal
		<input type="checkbox"/> Petitioner	<input type="checkbox"/> Petitioner

		<input type="checkbox"/> Respondent <input type="checkbox"/> Joint physical	<input type="checkbox"/> Respondent <input type="checkbox"/> Joint legal
		<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Joint physical	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Joint legal

☐ Other Custody Arrangement (Describe in detail.):

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I ask the court to order the custody arrangement I have marked above because:

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3. ☐ **Parent-time**

I ask the court to order temporary parent-time below (Choose one.):

☐ Statutory parent-time schedule: (Attach a copy of the statute(s) you select.)

☐ Children 5-18 (Utah Code 30-3-35)

☐ Children under 5 (Utah Code 30-3-35.5)

☐ Children 5-18 (expanded schedule) (Utah Code 30-3-35.1)

☐ Parent-time described in the attached Parenting Plan.

☐ Other parent-time schedule: (Describe in detail.)

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I ask the court to order the parent-time schedule I chose above because:

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4. ☐ **Parent-time transfers**

I ask the court to order pick-up and drop-off ("transfers") of the children for parent-time described below (Choose one.):

☐ Order transfer of the children for parent-time described in the attached Parenting Plan.

☐ Order transfer at **beginning** of parent-time with

☐ petitioner

☐ respondent

☐ other adult (Name) \_\_\_\_\_

picking up/dropping off the children at this address:

\_\_\_\_\_

and transfer at **end** of parent-time with

☐ petitioner

☐ respondent

☐ other adult (Name) \_\_\_\_\_

picking up/dropping off the children at this address:

\_\_\_\_\_

☐ Order curbside transfers (The parent/person picking up or dropping off the children does not leave the vehicle and the other parent/person does not leave the residence).

☐ Other pick-up/drop-off arrangement (Describe in detail.):

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I ask the court to order the transfer arrangement I chose above because:

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5. ☐ **Communication between parties**

I ask the court to order communication between the parties as described below  
(Choose as many options as you want.):

☐ In person

☐ Phone

Petitioner's # \_\_\_\_\_ Respondent's # \_\_\_\_\_

☐ Text

Petitioner's # \_\_\_\_\_ Respondent's # \_\_\_\_\_

☐ Email

Petitioner's email address \_\_\_\_\_

Respondent's email address \_\_\_\_\_

☐ Through a third party

Name \_\_\_\_\_ Phone # \_\_\_\_\_

☐ Other method of communication: (Describe in detail.)

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☐ Communications between the parties shall be civil and respectful and limited to parent-time issues only.

☐ The parties shall not make negative or harmful remarks about each other in the presence of the minor children, shall not allow other people to do so and

shall remove the minor children if anyone makes negative remarks about the other party.

☐ The parties shall not discuss this case in the presence of the minor children, shall not allow other people to do so and shall remove the minor children if anyone discusses the case in the presence of the minor children.

☐ The parties shall not harm or threaten to harm the other parent or the minor children and shall not allow other people to do so and shall remove the minor children if anyone harms or threatens harm to the other parent or minor children.

6. ☐ **Child support**

I ask the court to order child support based on the parties' incomes or estimate of income based on ability or work history.

a. Petitioner's total countable gross monthly income for child support purposes is \$\_\_\_\_\_ (Utah Code 78B-12-203).

This income is from these sources:

\_\_\_\_\_  
\_\_\_\_\_.

b. Respondent's total countable gross monthly income for child support purposes is \$\_\_\_\_\_ (Utah Code 78B-12-203).

This income is from these sources:

\_\_\_\_\_  
\_\_\_\_\_.

c. Order ☐ Petitioner ☐ Respondent to pay \$\_\_\_\_\_ per month for child support. The following child support worksheet is attached (Choose one.):

☐ sole physical custody worksheet

☐ joint physical custody worksheet

☐ split custody worksheet

(Choose one.)

☐ This amount is based on the Uniform Child Support Guidelines (Utah Code 78B-12-2).

- ☐ This amount is **not** based on the Uniform Child Support Guidelines and I am asking for a different amount because:

\_\_\_\_\_  
\_\_\_\_\_.

- d. Effective date (Choose one.):

- ☐ The child support should be effective upon entry of this order.

**OR**

- ☐ The child support should be effective as of this date:

\_\_\_\_\_.

- e. Child support should be paid as follows (Choose one.):

- ☐ Mandatory income withholding by the Office of Recovery Services. Unless the Office of Recovery Services gives notice that payments should be sent elsewhere, all child support payments should be made to: Office of Recovery Services, PO Box 45011, Salt Lake City, UT 84145

**OR**

- ☐ Direct payments to the parent receiving child support by:

- ☐ Check

- ☐ Deposit in bank account

- ☐ Cashier's check or money order

- ☐ Other: \_\_\_\_\_

I ask for direct payment because (Utah Code 62A-11-404):

\_\_\_\_\_  
\_\_\_\_\_.

- f. I ask that child support payments be made (Choose one.):

- ☐ One-half on or before the 5th day of each month, and one-half on or before the 20th day of each month.

**OR**

- ☐ Other payment arrangement:

\_\_\_\_\_.

- g. Child support not paid on or before the due date is delinquent on the day after the due date.
- h. Child support arrearages should be determined by further judicial or administrative process. Any federal or state tax refund or rebate due to the non-custodial parent should be intercepted by the state of Utah and applied to child support arrearages.

7. ☐ **Child care expenses**

I ask the court to order that both parties share equally the reasonable child care expenses related to the custodial parent's work or occupational training.

The parent who pays child care expenses shall **immediately** provide to the other parent written verification of the cost of the child care expenses and the identity of the child care provider when hired, within 30 calendar days after a change in the provider or the expense, and anytime upon the request of the other parent.

If the parent who pays child care expenses fails to provide written verification of child care above, that parent may be denied the right to recover or receive credit for the other parent's one-half share of the child care expense.

The other parent shall begin paying one-half the child care amount on a monthly basis **immediately** after receiving proof from the parent that pays the child care expense.

☐ Other request for child care payment:

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8. ☐ **Health insurance, medical and dental expenses**

Our minor children currently have health insurance coverage through:

- ☐ Petitioner's insurance
- ☐ Respondent's insurance
- ☐ Medicaid
- ☐ CHIP
- ☐ Other: \_\_\_\_\_
- ☐ Not covered by insurance

- ☐ I ask the court to order that ☐ Petitioner ☐ Respondent maintain health insurance for our minor children. Both parties should share equally:
- a. the cost of the premium paid by a parent for the children's portion of the insurance. The children's portion of the premium should be calculated by dividing the premium amount by the number of people covered by the policy and multiplying the result by the number of minor children of the parties; and
  - b. all reasonable and necessary uninsured medical and dental expenses incurred for the children and paid by a parent, including deductibles and co-payments.

The parent ordered to maintain insurance should provide written verification of coverage to the other parent or the Office of Recovery Services when the children are first enrolled, on or before January 2nd of each calendar year and upon any change of insurance carrier, premium, or benefits within 30 calendar days after the date that parent knew or should have known of the change.

If the parent ordered to maintain insurance fails to provide written verification of coverage to the other parent or to the Office of Recovery Services, or if the parent incurring medical expenses fails to provide written verification of the cost and payment of the expenses to the other parent **within 30 days of payment**, that parent may be denied the right to receive credit for the expenses or to recover the other parent's share of the expenses.

The parent receiving written verification should reimburse the parent who incurred the medical or dental expenses one-half of the amount **within 30 days after receiving the written verification**.

I ask for this order because (Choose all that apply.):

- ☐ the insurance is available to ☐ Petitioner ☐ Respondent;
- ☐ the cost of the insurance is reasonable
- ☐ the custodial parent prefers this arrangement.
- ☐ Other reasons:

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☐ I ask for these additional orders regarding health insurance and medical and dental expenses:

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9. ☐ **Tax exemptions for dependent children**

I ask the court to order tax exemptions for the minor children for tax year \_\_\_\_\_, as follows:

Child's Initials	Month and Year of Birth	Parent who May Claim Exemption
		<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent
		<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent
		<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent
		<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent
		<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent

☐ Other: \_\_\_\_\_

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10. ☐ **Alimony** (Divorce cases only. (Utah Code 30-3-5(8)).)

I ask the court to order temporary alimony as follows (Attach Financial Declaration.):

☐ Petitioner ☐ Respondent shall pay to ☐ Petitioner ☐ Respondent temporary alimony in the amount of \$ \_\_\_\_\_ per month by:

(Choose one.):

☐ Check

☐ Deposit in bank account

☐ Cashier's check or money order

☐ Other: \_\_\_\_\_

☐ Petitioner ☐ Respondent needs temporary alimony because:

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☐ Petitioner ☐ Respondent has the financial ability to pay temporary alimony because:

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**11. ☐ Payment of bills and debts**

I ask the court to order payment of bills and debts (such as mortgage, rent, credit card, utilities, medical expenses, car payments, insurance, etc.) as follows (Attach Financial Declaration. Attach additional pages if needed.):

☐ Petitioner to pay:

Type of Debt	Name of Creditor	Last 4 Digits of Account No.	Total Amount Owed	Monthly Amount Owed
			\$	\$
			\$	\$
			\$	\$

☐ Respondent to pay:

Type of Debt	Name of Creditor	Last 4 Digits of Account No.	Total Amount Owed	Monthly Amount Owed
			\$	\$
			\$	\$
			\$	\$

The bills and debts should be paid as requested because:

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**12. ☐ Property.**

I ask the court to order the temporary use and possession of the following property (Attach Financial Declaration. Attach additional pages if needed.):

☐ To petitioner

☐ Residence (Address): \_\_\_\_\_

☐ Vehicle(s) (Make/model/year): \_\_\_\_\_

☐ Personal property items:

\_\_\_\_\_  
\_\_\_\_\_

☐ Other: \_\_\_\_\_

☐ To respondent

☐ Residence (Address): \_\_\_\_\_

☐ Vehicle(s) (Make/model/year): \_\_\_\_\_

☐ Personal property items:

\_\_\_\_\_  
\_\_\_\_\_

☐ Other: \_\_\_\_\_

☐ I ask the court to order that neither party shall sell, transfer or dispose of any property without a court order or written agreement signed by both parties.

I ask for this property order because:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. ☐ **Attorney fees**

I ask the court to order the other party to pay \$\_\_\_\_\_ to my attorney. (You can only ask for this if you are paying an attorney to represent you in this case. You must attach a Financial Declaration.)

I ask for attorney fees because:

\_\_\_\_\_  
\_\_\_\_\_

14. ☐ **Other**

I ask the court for these additional orders:

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I ask for these additional orders because:

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15. **Documents**

I have attached the following documents in support of this Motion for Temporary Order (Check all that apply. Blank versions of these forms can be found at [www.utcourts.gov/](http://www.utcourts.gov/)):

- ☐ Parenting Plan (Utah Code 30-3-10.7 to 30-3-10.10)
- ☐ Parent time Schedule (Utah Code 30-3-35; 30-3-35.5; 30-3-35.1)
- ☐ Child Support Obligation Worksheet (Utah Code 78B-12)
- ☐ Financial Declaration (Utah Rule of Civil Procedure 26.1)
- ☐ Income verification (Most recent tax return and pay stub)
- ☐ Other supporting documents: \_\_\_\_\_

I declare under criminal penalty of the State of Utah that everything stated in this document is true.

_____	Signature ►	_____
Date	Printed Name	_____

**Certificate of Service**

I certify that I filed with the court and served a copy of this Motion for Temporary Order – With Children on the following people.

Person's Name	Method of Service	Served at this Address	Served on this Date
	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> E-filed <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.)		
	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> E-filed <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.)		
	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> E-filed <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.)		

Signature ►

Date

Printed Name

Family Law Subcommittee DRAFT: September 14, 2017

This is a private record.

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_

Email \_\_\_\_\_

I am ☐ Petitioner ☐ Respondent  
☐ Petitioner's Attorney ☐ Respondent's Attorney (Utah Bar #: \_\_\_\_\_)  
☐ Petitioner's Licensed Paralegal Practitioner  
☐ Respondent's Licensed Paralegal Practitioner (Utah Bar #: \_\_\_\_\_)

In the District Court of Utah

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

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

<p>_____</p> <p>Petitioner</p> <p>v.</p> <p>_____</p> <p>Respondent</p>	<p><b>Motion for Temporary Order – With Children</b></p> <p><b><input type="checkbox"/> Hearing Requested</b></p> <p>_____</p> <p>Case Number</p> <p>_____</p> <p>Judge</p> <p>_____</p> <p>Commissioner</p>
---	--

I ask the court to enter temporary orders in the paragraphs I have marked below.

1. ☐ **Minor children**

The petitioner and the respondent are the parents of the following minor children:

Child's Initials	Child's Gender	Month and Year of Birth
Example: J.E.K.	Male	January 2017


The minor children have lived at the addresses listed below and with the persons listed below for the past five years: (Add additional sheets if needed.)

Child's Initials	Address (street, city, state, ZIP)	Dates child lived at this address	Name(s) of person(s) who lived with child at this address	Relationship(s) to child
J.E.K.; L.S.K.	123 Maple St Mayberry, UT 84444	5/15/15 to present	Jane Doe, John Jones	Mother, maternal grandfather

2. **[ ] Child custody**

All orders involving minor children will include two types of custody: physical custody and legal custody.

**Physical custody** deals with where the children live and how many overnights the children spend with each parent.

**Sole physical custody** means that the children live primarily with one parent and have parent time (visitation) with the other parent (see parent-time options in Section 3).

**Joint physical custody** means that the children typically spend at least 30% of overnights with both parents each year and that both parents contribute to the expenses of the child in addition to paying child support.

**Split physical custody** means that where there is more than one child, that each parent is awarded sole physical custody of at least one of the children.

**Legal custody** deals with access to information and decision making.

**Sole legal custody** means that one parent has the right to make important decisions about the child.

**Joint legal custody** means that both parents: (1) have the right to information about the child (events, appointments, access to school and

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medical records, etc.); and (2) that both parents discuss and make major decisions together – (education, religion, medical, extra-curricular activities, etc.) but designate a parent to make the final decision if they cannot come to an agreement.

I ask the court to order temporary custody below (Choose one. If you ask for any joint legal custody or joint physical custody arrangement, you must attach a Parenting Plan based on Utah Code 30-3-10.7 to 30-3-10.10.):

☐ Custody Arrangement:

Child's Initials	Month and Year of Birth	Order physical custody to	Order legal custody to
Example: J.E.K.	January 2013	<input type="checkbox"/> Petitioner <input checked="" type="checkbox"/> Respondent <input type="checkbox"/> Joint physical	<input checked="" type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Joint legal
		<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Joint physical	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Joint legal
		<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Joint physical	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Joint legal
		<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Joint physical	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Joint legal
		<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Joint physical	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Joint legal

☐ Other Custody Arrangement (Describe in detail.):

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I ask the court to order the custody arrangement I have marked above because:

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3. ☐ **Parent-time**

I ask the court to order temporary parent-time below (Choose one.):

☐ Statutory parent-time schedule: (Attach a copy of the statute(s) you select.)

☐ Children 5-18 (Utah Code 30-3-35)

☐ Children under 5 (Utah Code 30-3-35.5)

☐ Children 5-18 (expanded schedule) (Utah Code 30-3-35.1)

☐ Parent-time described in the attached Parenting Plan.

☐ Other parent-time schedule: (Describe in detail.)

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I ask the court to order the parent-time schedule I chose above because:

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4. ☐ **Parent-time transfers**

I ask the court to order pick-up and drop-off ("transfers") of the children for parent-time described below (Choose one.):

☐ Order transfer of the children for parent-time described in the attached Parenting Plan.

☐ Order transfer at **beginning** of parent-time with

☐ petitioner

☐ respondent

☐ other adult (Name) \_\_\_\_\_

picking up/dropping off the children at this address:

\_\_\_\_\_

and transfer at **end** of parent-time with

☐ petitioner

☐ respondent

☐ other adult (Name) \_\_\_\_\_

picking up/dropping off the children at this address:

\_\_\_\_\_

☐ Order curbside transfers (The parent/person picking up or dropping off the children does not leave the vehicle and the other parent/person does not leave the residence).

☐ Other pick-up/drop-off arrangement (Describe in detail.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I ask the court to order the transfer arrangement I chose above because:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. ☐ **Communication between parties**

I ask the court to order communication between the parties as described below  
(Choose as many options as you want.):

☐ In person

☐ Phone

Petitioner's # \_\_\_\_\_ Respondent's # \_\_\_\_\_

☐ Text

Petitioner's # \_\_\_\_\_ Respondent's # \_\_\_\_\_

☐ Email

Petitioner's email address \_\_\_\_\_

Respondent's email address \_\_\_\_\_

☐ Through a third party

Name \_\_\_\_\_ Phone # \_\_\_\_\_

☐ Other method of communication: (Describe in detail.)

\_\_\_\_\_

☐ Communications between the parties shall be civil and respectful and limited to parent-time issues only.

☐ The parties shall not make negative or harmful remarks about each other in the presence of the minor children, shall not allow other people to do so and shall remove the minor children if anyone makes negative remarks about the other party.

☐ The parties shall not discuss this case in the presence of the minor children, shall not allow other people to do so and shall remove the minor children if anyone discusses the case in the presence of the minor children.

☐ The parties shall not harm or threaten to harm the other parent or the minor children and shall not allow other people to do so and shall remove the minor children if anyone harms or threatens harm to the other parent or minor children.

6. ☐ **Child support**

I ask the court to order child support based on the parties' incomes or estimate of income based on ability or work history.

a. Petitioner's total countable gross monthly income for child support purposes is \$\_\_\_\_\_ (Utah Code 78B-12-203).

This income is from these sources:

\_\_\_\_\_

- \_\_\_\_\_.
- b. Respondent's total countable gross monthly income for child support purposes is \$\_\_\_\_\_ (Utah Code 78B-12-203).

This income is from these sources:

- \_\_\_\_\_.
- c. Order ☐ Petitioner ☐ Respondent to pay \$\_\_\_\_\_ per month for child support. The following child support worksheet is attached (Choose one.):

- ☐ sole physical custody worksheet  
☐ joint physical custody worksheet  
☐ split custody worksheet

(Choose one.)

- ☐ This amount is based on the Uniform Child Support Guidelines (Utah Code 78B-12-2).  
☐ This amount is **not** based on the Uniform Child Support Guidelines and I am asking for a different amount because:

- \_\_\_\_\_.
- d. Effective date (Choose one.):

- ☐ The child support should be effective upon entry of this order.

**OR**

- ☐ The child support should be effective as of this date:

- \_\_\_\_\_.
- e. Child support should be paid as follows (Choose one.):

- ☐ Mandatory income withholding by the Office of Recovery Services. Unless the Office of Recovery Services gives notice that payments should be sent elsewhere, all child support payments should be made to: Office of Recovery Services, PO Box 45011, Salt Lake City, UT 84145

**OR**

- ☐ Direct payments to the parent receiving child support by:

☐ Check

☐ Deposit in bank account

☐ Cashier's check or money order

☐ Other: \_\_\_\_\_

I ask for direct payment because (Utah Code 62A-11-404):

\_\_\_\_\_  
\_\_\_\_\_

f. I ask that child support payments be made (Choose one.):

☐ One-half on or before the 5th day of each month, and one-half on or before the 20th day of each month.

**OR**

☐ Other payment arrangement:

\_\_\_\_\_

g. Child support not paid on or before the due date is delinquent on the day after the due date.

h. Child support arrearages should be determined by further judicial or administrative process. Any federal or state tax refund or rebate due to the non-custodial parent should be intercepted by the state of Utah and applied to child support arrearages.

7. ☐ **Child care expenses**

I ask the court to order that both parties share equally the reasonable child care expenses related to the custodial parent's work or occupational training.

The parent who pays child care expenses shall **immediately** provide to the other parent written verification of the cost of the child care expenses and the identity of the child care provider when hired, within 30 calendar days after a change in the provider or the expense, and anytime upon the request of the other parent.

If the parent who pays child care expenses fails to provide written verification of child care above, that parent may be denied the right to recover or receive credit for the other parent's one-half share of the child care expense.

The other parent shall begin paying one-half the child care amount on a monthly basis **immediately** after receiving proof from the parent that pays the child care expense.

☐ Other request for child care payment:

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8. ☐ **Health insurance, medical and dental expenses**

Our minor children currently have health insurance coverage through:

☐ Petitioner's insurance

☐ Respondent's insurance

☐ Medicaid

☐ CHIP

☐ Other: \_\_\_\_\_

☐ Not covered by insurance

☐ I ask the court to order that ☐ Petitioner ☐ Respondent maintain health insurance for our minor children. Both parties should share equally:

- a. the cost of the premium paid by a parent for the children's portion of the insurance. The children's portion of the premium should be calculated by dividing the premium amount by the number of people covered by the policy and multiplying the result by the number of minor children of the parties; and
- b. all reasonable and necessary uninsured medical and dental expenses incurred for the children and paid by a parent, including deductibles and co-payments.

The parent ordered to maintain insurance should provide written verification of coverage to the other parent or the Office of Recovery Services when the children are first enrolled, on or before January 2nd of each calendar year and upon any change of insurance carrier, premium, or benefits within 30 calendar days after the date that parent knew or should have known of the change.

If the parent ordered to maintain insurance fails to provide written verification of coverage to the other parent or to the Office of Recovery Services, or if the parent incurring medical expenses fails to provide written verification of the cost and payment of the expenses to the other parent **within 30 days of payment**, that parent may be denied the right to receive

credit for the expenses or to recover the other parent's share of the expenses.

The parent receiving written verification should reimburse the parent who incurred the medical or dental expenses one-half of the amount **within 30 days after receiving the written verification.**

I ask for this order because (Choose all that apply.):

- ☐ the insurance is available to ☐ Petitioner ☐ Respondent;  
☐ the cost of the insurance is reasonable  
☐ the custodial parent prefers this arrangement.  
☐ Other reasons:

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- ☐ I ask for these additional orders regarding health insurance and medical and dental expenses:

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9. ☐ **Tax exemptions for dependent children**

I ask the court to order tax exemptions for the minor children for tax year \_\_\_\_\_, as follows:

Child's Initials	Month and Year of Birth	Parent who May Claim Exemption
		<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent
		<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent
		<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent
		<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent
		<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent

☐ Other: \_\_\_\_\_

10. ☐ **Alimony** (Divorce cases only. (Utah Code 30-3-5(8)).)

I ask the court to order temporary alimony as follows (Attach Financial Declaration.):

☐ Petitioner ☐ Respondent shall pay to ☐ Petitioner ☐ Respondent temporary alimony in the amount of \$ \_\_\_\_\_ per month by:

(Choose one.):

☐ Check

☐ Deposit in bank account

☐ Cashier's check or money order

☐ Other: \_\_\_\_\_

☐ Petitioner ☐ Respondent needs temporary alimony because:

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☐ Petitioner ☐ Respondent has the financial ability to pay temporary alimony because:

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11. ☐ **Payment of bills and debts**

I ask the court to order payment of bills and debts (such as mortgage, rent, credit card, utilities, medical expenses, car payments, insurance, etc.) as follows (Attach Financial Declaration. Attach additional pages if needed.):

☐ Petitioner to pay:

Type of Debt	Name of Creditor	Last 4 Digits of Account No.	Total Amount Owed	Monthly Amount Owed
			\$	\$
			\$	\$
			\$	\$

☐ Respondent to pay:

Type of Debt	Name of Creditor	Last 4 Digits of Account No.	Total Amount Owed	Monthly Amount Owed
			\$	\$
			\$	\$
			\$	\$

The bills and debts should be paid as requested because:

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12. ☐ **Property.**

I ask the court to order the temporary use and possession of the following property (Attach Financial Declaration. Attach additional pages if needed.):

☐ To petitioner

☐ Residence (Address): \_\_\_\_\_

☐ Vehicle(s) (Make/model/year): \_\_\_\_\_

☐ Personal property items:

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☐ Other: \_\_\_\_\_

☐ To respondent

☐ Residence (Address): \_\_\_\_\_

☐ Vehicle(s) (Make/model/year): \_\_\_\_\_

☐ Personal property items:

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☐ Other: \_\_\_\_\_

☐ I ask the court to order that neither party shall sell, transfer or dispose of any property without a court order or written agreement signed by both parties.

I ask for this property order because:

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13. ☐ **Attorney fees**

I ask the court to order the other party to pay \$\_\_\_\_\_ to my attorney. (You can only ask for this if you are paying an attorney to represent you in this case. You must attach a Financial Declaration.)

I ask for attorney fees because:

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14. ☐ **Other**

I ask the court for these additional orders:

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I ask for these additional orders because:

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15. **Documents**

I have attached the following documents in support of this Motion for Temporary Order (Check all that apply. Blank versions of these forms can be found at [www.utcourts.gov/](http://www.utcourts.gov/)):

**Family Law Subcommittee DRAFT: September 14, 2017**

- ☐ Parenting Plan (Utah Code 30-3-10.7 to 30-3-10.10)
- ☐ Parent time Schedule (Utah Code 30-3-35; 30-3-35.5; 30-3-35.1)
- ☐ Child Support Obligation Worksheet (Utah Code 78B-12)
- ☐ Financial Declaration (Utah Rule of Civil Procedure 26.1)
- ☐ Income verification (Most recent tax return and pay stub)
- ☐ Other supporting documents:\_\_\_\_\_

I declare under criminal penalty of the State of Utah that everything stated in this document is true.

_____	Signature ►	_____
Date	Printed Name	_____

**Certificate of Service**

I certify that I filed with the court and served a copy of this Motion for Temporary Order – With Children on the following people.

Person's Name	Method of Service	Served at this Address	Served on this Date
	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> E-filed <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.)		
	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> E-filed <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.)		
	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> E-filed <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.)		

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature ►

\_\_\_\_\_  
 Printed Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

I am ☐ Petitioner ☐ Respondent  
☐ Petitioner's Attorney ☐ Respondent's Attorney (Utah Bar #: \_\_\_\_\_)  
☐ Petitioner's Licensed Paralegal Practitioner  
☐ Respondent's Licensed Paralegal Practitioner (Utah Bar #: \_\_\_\_\_)

In the District Court of Utah

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

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

<p>_____</p> <p>Petitioner</p> <p>v.</p> <p>_____</p> <p>Respondent</p>	<p><b>Order on Motion for Temporary Order – No Children</b></p> <p>_____</p> <p>Case Number</p> <p>_____</p> <p>Judge</p> <p>_____</p> <p>Commissioner (domestic cases)</p>
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The matter before the court is a Motion for Temporary Order. This matter is being resolved by: (Choose all that apply.)

- ☐ The default of ☐ petitioner ☐ respondent.
- ☐ 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.

Petitioner

☐ was ☐ was not present

☐ was represented by \_\_\_\_\_

☐ was not represented.

Respondent

☐ was ☐ was not present

☐ was represented by \_\_\_\_\_

☐ was not represented.

The court orders:

1. ☐ **Alimony** (Divorce cases only. (Utah Code 30-3-5(8)).)

☐ Petitioner ☐ Respondent shall pay to ☐ Petitioner ☐ Respondent temporary alimony in the amount of \$ \_\_\_\_\_ per month by:

(Choose one.):

☐ Check

☐ Deposit in bank account

☐ Cashier's check or money order

☐ Other: \_\_\_\_\_

2. ☐ **Payment of bills and debts**

☐ Petitioner shall make at least minimum payments on:

Type of Debt	Name of Creditor	Last 4 Digits of Account No.	Total Amount Owed	Monthly Amount Owed
			\$	\$
			\$	\$
			\$	\$

☐ Respondent shall make at least minimum payments on:

Type of Debt	Name of Creditor	Last 4 Digits of Account No.	Total Amount Owed	Monthly Amount Owed
			\$	\$
			\$	\$
			\$	\$

3. ☐ **Property.**

Temporary use and possession of property shall be as follows:

☐ To petitioner

☐ Residence (Address): \_\_\_\_\_

☐ Vehicle(s) (Make/model/year): \_\_\_\_\_

☐ Personal property items:

\_\_\_\_\_  
\_\_\_\_\_

☐ Other: \_\_\_\_\_

☐ To respondent

☐ Residence (Address): \_\_\_\_\_

☐ Vehicle(s) (Make/model/year): \_\_\_\_\_

☐ Personal property items:

\_\_\_\_\_  
\_\_\_\_\_

☐ Other: \_\_\_\_\_

☐ Neither party shall sell, transfer or dispose of any property without a court order or written agreement signed by both parties.

4. ☐ **Attorney fees**

☐ Petitioner ☐ Respondent shall pay \$\_\_\_\_\_ to

☐ Petitioner's attorney

☐ Respondent's attorney

5. ☐ **Other orders**

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_____	Signature ►	_____
Date	Commissioner	_____
_____	Signature ►	_____
Date	Judge	_____

Approved as to form.

_____	Signature ►	_____
Date	Petitioner, Attorney or Licensed Paralegal Practitioner	_____
_____	Signature ►	_____
Date	Defendant, Attorney or Licensed Paralegal Practitioner	_____

**Certificate of Service**

I certify that I filed with the court and served a copy of this Order on Motion for Temporary Order – Without Children on the following people.

Person's Name	Method of Service	Served at this Address	Served on this Date
	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> E-filed <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.)		
	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> E-filed <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.)		
	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> E-filed <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.)		

Signature ►

Date

Printed Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

I am ☐ Petitioner ☐ Respondent  
☐ Petitioner's Attorney ☐ Respondent's Attorney (Utah Bar #: \_\_\_\_\_)  
☐ Petitioner's Licensed Paralegal Practitioner  
☐ Respondent's Licensed Paralegal Practitioner (Utah Bar #: \_\_\_\_\_)

In the District Court of Utah

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

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

<p>_____</p> <p>Petitioner</p> <p>v.</p> <p>_____</p> <p>Respondent</p>	<p><b>Order on Motion for Temporary Order – With Children</b></p> <p>_____</p> <p>Case Number</p> <p>_____</p> <p>Judge</p> <p>_____</p> <p>Commissioner (domestic cases)</p>
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The matter before the court is a Motion for Temporary Order. This matter is being resolved by: (Choose all that apply.)

- ☐ The default of ☐ Petitioner ☐ Respondent.
- ☐ 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.

Petitioner

☐ was ☐ was not present  
☐ was represented by \_\_\_\_\_  
☐ was not represented.

Respondent

☐ was ☐ was not present  
☐ was represented by \_\_\_\_\_  
☐ was not represented.

The court orders:

1. ☐ **Child custody**

☐ Custody Arrangement:

Child's Initials	Month and Year of Birth	Physical custody to	Legal custody to
		<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Joint physical	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Joint legal
		<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Joint physical	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Joint legal
		<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Joint physical	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Joint legal
		<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Joint physical	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Joint legal
		<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Joint physical	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Joint legal

☐ Other Custody Arrangement (Describe in detail.):

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2. ☐ **Parent-time** (Choose one.):

☐ Statutory parent-time schedule: (Attach a copy of the statute(s) selected.)

☐ Children 5-18 (Utah Code 30-3-35)

☐ Children under 5 (Utah Code 30-3-35.5)

☐ Children 5-18 (expanded schedule) (Utah Code 30-3-35.1)

☐ Parent-time described in the attached Parenting Plan.

☐ Other parent-time schedule: (Describe in detail.)

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3. ☐ **Parent-time transfers** (Choose one.):

☐ Transfer of the children for parent-time described in the attached Parenting Plan.

☐ Transfer at **beginning** of parent-time with

☐ petitioner

☐ respondent

☐ other adult (Name) \_\_\_\_\_

picking up/dropping off the children at this address:

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and transfer at **end** of parent-time with

☐ petitioner

☐ respondent

☐ other adult (Name) \_\_\_\_\_

picking up/dropping off the children at this address:

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☐ Curbside transfers (The parent/person picking up or dropping off the children does not leave the vehicle and the other parent/person does not leave the residence).

☐ Other pick-up/drop-off arrangement (Describe in detail.):

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4. ☐ **Communication between parties** (Choose all that apply.):

☐ In person

☐ Phone

Petitioner's # \_\_\_\_\_ Respondent's # \_\_\_\_\_

☐ Text

Petitioner's # \_\_\_\_\_ Respondent's # \_\_\_\_\_

☐ Email

Petitioner's email address \_\_\_\_\_

Respondent's email address \_\_\_\_\_

☐ Through a third party

Name \_\_\_\_\_ Phone # \_\_\_\_\_

☐ Other method of communication: (Describe in detail.)

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☐ Communications between the parties shall be civil and respectful and limited to parent-time issues only.

☐ The parties shall not make negative or harmful remarks about each other in the presence of the minor children, shall not allow other people to do so and shall remove the minor children if anyone makes negative remarks about the other party.

☐ The parties shall not discuss this case in the presence of the minor children, shall not allow other people to do so and shall remove the minor children if anyone discusses the case in the presence of the minor children.

☐ The parties shall not harm or threaten to harm the other parent or the minor children and shall not allow other people to do so and shall remove the

minor children if anyone harms or threatens harm to the other parent or minor children.

5. ☐ **Child support**

- a. Petitioner's total countable gross monthly income for child support purposes is \$\_\_\_\_\_ (Utah Code 78B-12-203).
- b. Respondent's total countable gross monthly income for child support purposes is \$\_\_\_\_\_ (Utah Code 78B-12-203).
- c. ☐ Petitioner ☐ Respondent shall pay \$\_\_\_\_\_ per month for child support. The following child support worksheet is attached (Choose one.):
- ☐ sole physical custody worksheet
  - ☐ joint physical custody worksheet
  - ☐ split custody worksheet

(Choose one.)

- ☐ This amount is based on the Uniform Child Support Guidelines (Utah Code 78B-12-2).
- ☐ This amount is **not** based on the Uniform Child Support Guidelines because:

\_\_\_\_\_  
\_\_\_\_\_.

- d. Effective date (Choose one.):
- ☐ The child support shall be effective upon entry of this order.

**OR**

- ☐ The child support shall be effective as of this date:  
\_\_\_\_\_.

- e. Child support shall be paid as follows (Choose one.):

- ☐ Mandatory income withholding by the Office of Recovery Services. Unless the Office of Recovery Services gives notice that payments should be sent elsewhere, all child support payments shall be made to: Office of Recovery Services, PO Box 45011, Salt Lake City, UT 84145

**OR**

☐ Direct payments to the parent receiving child support by:

☐ Check

☐ Deposit in bank account

☐ Cashier's check or money order

☐ Other: \_\_\_\_\_

f. Child support payments shall be made (Choose one.):

☐ One-half on or before the 5th day of each month, and one-half on or before the 20th day of each month.

**OR**

☐ Other payment arrangement:

\_\_\_\_\_

g. Child support not paid on or before the due date is delinquent on the day after the due date.

h. Child support arrearages shall be determined by further judicial or administrative process. Any federal or state tax refund or rebate due to the non-custodial parent shall be intercepted by the state of Utah and applied to child support arrearages.

7. ☐ **Child care expenses**

Both parties shall share equally the reasonable child care expenses related to the custodial parent's work or occupational training.

The parent who pays child care expenses shall **immediately** provide to the other parent written verification of the cost of the child care expenses and the identity of the child care provider when hired, within 30 calendar days after a change in the provider or the expense, and anytime upon the request of the other parent.

If the parent who pays child care expenses fails to provide written verification of child care above, that parent may be denied the right to recover or receive credit for the other parent's one-half share of the child care expense.

The other parent shall begin paying one-half the child care amount on a monthly basis **immediately** after receiving proof from the parent that pays the child care expense.

☐ Other order for child care payment:

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7. ☐ **Health insurance, medical and dental expenses**

The minor children currently have health insurance coverage through:

- ☐ Petitioner's insurance
- ☐ Respondent's insurance
- ☐ Medicaid
- ☐ CHIP
- ☐ Other: \_\_\_\_\_
- ☐ Not covered by insurance

☐ ☐ Petitioner ☐ Respondent shall maintain health insurance for the minor children. Both parties shall share equally:

- a. the cost of the premium paid by a parent for the children's portion of the insurance. The children's portion of the premium shall be calculated by dividing the premium amount by the number of people covered by the policy and multiplying the result by the number of minor children of the parties; and
- b. all reasonable and necessary uninsured medical and dental expenses incurred for the children and paid by a parent, including deductibles and co-payments.

The parent ordered to maintain insurance shall provide written verification of coverage to the other parent or the Office of Recovery Services when the children are first enrolled, on or before January 2nd of each calendar year and upon any change of insurance carrier, premium, or benefits within 30 calendar days after the date that parent knew or should have known of the change.

If the parent ordered to maintain insurance fails to provide written verification of coverage to the other parent or to the Office of Recovery Services, or if the parent incurring medical expenses fails to provide written verification of the cost and payment of the expenses to the other parent **within 30 days of payment**, that parent may be denied the right to receive credit for the expenses or to recover the other parent's share of the expenses.

The parent receiving written verification shall reimburse the parent who incurred the medical or dental expenses one-half of the amount **within 30 days after receiving the written verification.**

8. ☐ **Tax exemptions for dependent children**

Tax exemptions for the minor children for tax year \_\_\_\_\_ is ordered as follows:

Child's Initials	Month and Year of Birth	Parent who May Claim Exemption
		<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent
		<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent
		<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent
		<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent
		<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent

☐ Other: \_\_\_\_\_

10. ☐ **Alimony** (Divorce cases only. (Utah Code 30-3-5(8)).)

☐ Petitioner ☐ Respondent shall pay to ☐ Petitioner ☐ Respondent temporary alimony in the amount of \$ \_\_\_\_\_ per month by:

(Choose one.):

☐ Check

☐ Deposit in bank account

☐ Cashier's check or money order

☐ Other: \_\_\_\_\_

10. ☐ **Payment of bills and debts**

☐ Petitioner shall make at least minimum payments on:

Type of Debt	Name of Creditor	Last 4 Digits of Account No.	Total Amount Owed	Monthly Amount Owed
			\$	\$

			\$	\$
			\$	\$

☐ Respondent shall make at least minimum payments on:

Type of Debt	Name of Creditor	Last 4 Digits of Account No.	Total Amount Owed	Monthly Amount Owed
			\$	\$
			\$	\$
			\$	\$

11. ☐ **Property.**

Temporary use and possession of property shall be as follows:

☐ To petitioner

☐ Residence (Address): \_\_\_\_\_

☐ Vehicle(s) (Make/model/year): \_\_\_\_\_

☐ Personal property items:

\_\_\_\_\_  
\_\_\_\_\_

☐ Other: \_\_\_\_\_

☐ To respondent

☐ Residence (Address): \_\_\_\_\_

☐ Vehicle(s) (Make/model/year): \_\_\_\_\_

☐ Personal property items:

\_\_\_\_\_  
\_\_\_\_\_

☐ Other: \_\_\_\_\_

☐ Neither party shall sell, transfer or dispose of any property without a court order or written agreement signed by both parties.

12. ☐ **Attorney fees**

☐ Petitioner ☐ Respondent shall pay \$\_\_\_\_\_ to

☐ Petitioner's attorney

☐ Respondent's attorney

13. ☐ **Other orders**

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\_\_\_\_\_  
Date Signature ► \_\_\_\_\_  
Commissioner \_\_\_\_\_

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

Approved as to form.

\_\_\_\_\_  
Date Signature ► \_\_\_\_\_  
Petitioner, Attorney or Licensed Paralegal  
Practitioner \_\_\_\_\_

\_\_\_\_\_  
Date Signature ► \_\_\_\_\_  
Defendant, Attorney or Licensed Paralegal  
Practitioner \_\_\_\_\_

**Certificate of Service**

I certify that I filed with the court and served a copy of this Order on Motion for Temporary Order – With Children on the following people.

Person's Name	Method of Service	Served at this Address	Served on this Date
	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> E-filed <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.)		
	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> E-filed <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.)		
	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> E-filed <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.)		

Signature ►

Date

Printed Name