

**This is a private record.**

\_\_\_\_\_  
My Name

\_\_\_\_\_  
Address (omit if safeguarded)

\_\_\_\_\_  
City, State, Zip (omit if safeguarded)

\_\_\_\_\_  
Phone (omit if safeguarded)

\_\_\_\_\_  
Email (omit if safeguarded)

I am the  Petitioner  
 Respondent  
 Person acting as parent  
 Attorney for the  Petitioner  Respondent  Person acting as  
parent and my Utah Bar number is \_\_\_\_\_

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

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

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

<p>_____ Petitioner (named in original foreign order)</p> <p>v.</p> <p>_____ Respondent (named in original foreign order)</p>	<p><b>Request for Hearing</b></p> <p>_____ Case Number</p> <p>_____ Judge</p> <p>_____ Commissioner</p>
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By and through my attorney, (Attorney, check here if you are appearing for your client.)

I request a hearing in this matter.

Date \_\_\_\_\_ Sign here ► \_\_\_\_\_

Typed or printed name \_\_\_\_\_

### Certificate of Service

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

Person's Name	Method of Service	Served at this Address	Served on this Date
(Mother or Attorney)	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Fax (Person agreed to service by fax.) <input type="checkbox"/> Email (Person agreed to service by email.) <input type="checkbox"/> Left at business (With person in charge or in receptacle for deliveries.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)		
(Father or Attorney)	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Fax (Person agreed to service by fax.) <input type="checkbox"/> Email (Person agreed to service by email.) <input type="checkbox"/> Left at business (With person in charge or in receptacle for deliveries.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)		
	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Fax (Person agreed to service by fax.) <input type="checkbox"/> Email (Person agreed to service by email.) <input type="checkbox"/> Left at business (With person in charge or in receptacle for deliveries.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)		
	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Fax (Person agreed to service by fax.) <input type="checkbox"/> Email (Person agreed to service by email.) <input type="checkbox"/> Left at business (With person in charge or in receptacle for deliveries.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)		

Date \_\_\_\_\_ Sign here ► \_\_\_\_\_

Typed or printed name \_\_\_\_\_