

This is a private record.

My Name

Address

City, State, Zip

Phone

Email

I am the Petitioner
 Respondent
 Attorney for the Petitioner Respondent and my Utah Bar number is _____

In the District Court of Utah
_____ Judicial District _____ County
Court Address _____

	Request to Submit for Decision <input type="checkbox"/> Hearing Requested
_____ Petitioner	_____ Case Number
V.	_____ Judge
_____ Respondent	_____ Commissioner

Instructions:

- You must complete this form before you file it. The judicial services representative cannot complete this form for you. Use the Checklist to help you understand and complete this form.
- Keep a copy of all documents for your records.
- Attend all court hearings.
- Attach:
 - Additional pages as needed to complete paragraphs that don't have enough space. Write the paragraph number on the additional page.
 - Any documents referred to in this document.
 - Notice of Hearing (if a hearing has been requested)
 - Proposed Order on Motion to Appoint a Parent Coordinator (if not already submitted)

By and through my attorney, (Attorney, check here if you are appearing for your client.)

I say as follows:

(1) The Motion to Appoint a Parent Coordinator was served on _____
(date).

(2) An opposing statement

was not filed

was filed and served on _____ (date).

(3) A reply to the opposing statement

was not filed

was filed and served on _____ (date).

(4) A hearing has has not been requested.

(5) I request a hearing.

I do not request a hearing.

(6) I request that the motion be submitted for decision because it is now ready for the court to review and issue a decision.

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

_____ Sign here ► _____
Date
Typed or Printed Name _____

Certificate of Service

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

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

Date _____

Typed or Printed Name _____