

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)

In the District Court of Utah

_____ Judicial District _____ County

Court Address _____

		Notice of Hearing
_____ Petitioner (named in original foreign order)	v.	_____ Case Number
_____ Respondent (named in original foreign order)		_____ Judge
		_____ Commissioner

To: The people named in the Request to Register a Foreign Order

The court has scheduled a hearing on the Request to Register a Foreign Order at the following date and time.

Date (Fecha) _____ Time (Hora) _____ : _____ [] a.m. [] p.m.

Judge (Juez)

Room (Sala) _____ Commissioner (Comisionado) _____

Attendance. Your attendance is important. If you do not attend, an order may be entered against you. You have the right to be represented by a lawyer.

Asistencia. Presentarse es importante. Si usted no llegara a presentarse, una orden podría ser emitida en su contra. Usted tiene el derecho de que lo represente un abogado.

Witnesses. You may ask the judicial services representative to issue a summons to compel the attendance of any witness with relevant evidence.

Testigos. Usted podría pedirle al Representante de los Servicios Judiciales que emita las órdenes para citar a cualquier testigo que considere sea una prueba relevante.

Evidence. Bring with you any evidence that you want the court to consider.

Pruebas. Traiga con usted cualquier prueba que quiera que el tribunal tome en cuenta.

Interpretation. If you do not speak or understand English, contact a judicial services representative at least 3 days before the hearing, and an interpreter will be provided.

Interpretación. Si usted no habla o entiende el Inglés contacte al Representante de Servicios Judiciales por lo menos 3 días antes de la audiencia y le proveerán un intérprete.

Disability Accommodation. If you have a disability requiring accommodation, including an ASL interpreter, contact a judicial services representative at least 3 days before the hearing.

Atención en caso de incapacidades. Si usted tiene una incapacidad por la que requiere atención especial, favor de contactar al Representante de los Servicios Judiciales por lo menos 3 días antes de la audiencia.

_____ 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
(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 _____