

**This is a private record.**

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

**Reply to Memorandum Opposing  
Motion to Modify Child Support**

\_\_\_\_\_  
Petitioner

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

v.

\_\_\_\_\_  
Judge

\_\_\_\_\_  
Respondent

\_\_\_\_\_  
Commissioner

I say the following:

- (1) (A) Paragraph number in the Memorandum Opposing Motion to Modify Child Support that I disagree with: (\_\_\_\_)
- (B) Statement made by the other party that I disagree with.

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

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(C) I disagree because:

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(2) (A) Paragraph number in the Memorandum Opposing Motion to Modify Child Support that I disagree with: (\_\_\_\_)

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(B) Statement made by the other party that I disagree with.

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(C) I disagree because:

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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<br><input type="checkbox"/> Hand Delivery<br><input type="checkbox"/> Fax (Person agreed to service by fax.)<br><input type="checkbox"/> Email (Person agreed to service by email.)<br><input type="checkbox"/> Left at business (With person in charge or in receptacle for deliveries.)<br><input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.) |                        |                     |
| (Child Support Division, if applicable) | <input type="checkbox"/> Mail<br><input type="checkbox"/> Hand Delivery<br><input type="checkbox"/> Fax (Person agreed to service by fax.)<br><input type="checkbox"/> Email (Person agreed to service by email.)<br><input type="checkbox"/> Left at business (With person in charge or in receptacle for deliveries.)<br><input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.) |                        |                     |
| (Clerk of Court)                        | <input type="checkbox"/> Mail<br><input type="checkbox"/> Hand Delivery<br><input type="checkbox"/> Electronic File   |                        |                     |
|   | <input type="checkbox"/> Mail<br><input type="checkbox"/> Hand Delivery<br><input type="checkbox"/> Fax (Person agreed to service by fax.)<br><input type="checkbox"/> Email (Person agreed to service by email.)<br><input type="checkbox"/> Left at business (With person in charge or in receptacle for deliveries.)<br><input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.) |                        |                     |
|   | <input type="checkbox"/> Mail<br><input type="checkbox"/> Hand Delivery<br><input type="checkbox"/> Fax (Person agreed to service by fax.)<br><input type="checkbox"/> Email (Person agreed to service by email.)<br><input type="checkbox"/> Left at business (With person in charge or in receptacle for deliveries.)<br><input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.) |                        |                     |

\_\_\_\_\_ Sign here ► \_\_\_\_\_  
 Date  
 \_\_\_\_\_  
 Typed or Printed Name