

**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 \_\_\_\_\_

<p>_____ Petitioner</p> <p>V.</p> <p>_____ Respondent</p>	<p><b>Proposed Settlement of Remaining Issues</b></p> <p>_____ Case Number</p> <p>_____ Judge</p> <p>_____ Commissioner</p>
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**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.

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

I propose the following settlement of these remaining issues:

(1) Grounds to Modify  are not an issue.  are an issue and my proposal is:

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(2) Amount of Income  is not an issue.  is an issue and my proposal is:

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(3) Application of the Child Support Guidelines  is not an issue.  is an issue and my proposal is:

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(4) Monthly Support Amount  is not an issue.  is an issue and my proposal is:

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(5) Arrears  are not issues.  are issues and my proposal is:

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(6) Emancipation  is not an issue.  is an issue and my proposal is:

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(7) Child Tax Exemption [ ] is not an issue. [ ] is an issue and my proposal is:

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(8) Medical expenses, daycare expenses, health insurance. [ ] are not issues. [ ] are issues and my proposal is:

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(9) Costs and attorney fees [ ] are not issues. [ ] are issues and my proposal is:

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(10) Other (describe) \_\_\_\_\_ [ ] is not an issue. [ ] is an issue and my proposal is:

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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 <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.)		
(Child Support Division, if applicable)	<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.)		
	<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.)		

Sign here ►

Date \_\_\_\_\_

Typed or Printed Name \_\_\_\_\_