
My Name

Address

City, State, Zip

Phone

Email

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

In the District Juvenile Justice Court of Utah

_____ Judicial District _____ County

Court Address _____

<p>_____ Plaintiff/Petitioner</p> <p>V.</p> <p>_____ Defendant/Respondent</p>	<p>Memorandum <input type="checkbox"/> Supporting <input type="checkbox"/> Opposing</p> <p>Motion to _____</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. Court staff cannot complete this form for you.
- Keep a copy of all documents for your records.
- Attend all court hearings.
- Attach the following:
 - Additional pages as needed to complete paragraphs that don't have enough space. Write the paragraph number on the additional page.
 - A copy of any statutes, ordinances, rules or appellate opinions relied upon in your arguments.

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.)		
	<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 _____