

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone

**Check your email.** You will receive information and documents at this email address.

\_\_\_\_\_  
Email

I am  Plaintiff/Petitioner  Defendant/Respondent  
 Plaintiff/Petitioner's Attorney  Defendant/Respondent's Attorney (Utah Bar #: \_\_\_\_\_)  
 Plaintiff/Petitioner's Licensed Paralegal Practitioner  
 Defendant/Respondent's Licensed Paralegal Practitioner (Utah Bar #: \_\_\_\_\_)

In the  District  Justice Court of Utah

\_\_\_\_\_ Judicial District \_\_\_\_\_ County

Court Address \_\_\_\_\_

<p>_____ Plaintiff/Petitioner</p> <p>v.</p> <p>_____ Defendant/Respondent</p>	<p><b>Memorandum Opposing Motion to</b></p> <p>_____ (name of motion)</p> <p><input type="checkbox"/> <b>Hearing Requested</b></p> <p>_____ Case Number</p> <p>_____ Judge</p> <p>_____ Commissioner (domestic cases)</p>
---------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

1. I disagree with the opposing party's Motion to

\_\_\_\_\_ (name of motion) because:

(Explain how you would like the court to rule on the opposing party's motion and why. For example, "I want the court to deny the motion because...")

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

---

---

---

---

---

2. The opposing party's motion is not supported by

the relevant facts of this case

the law

because:

(Explain why you disagree with the facts, or the law, or both presented by the opposing party's motion. List any statutes, ordinances, rules or appellate opinions that support your position and/or oppose the opposing party's motion.)

---

---

---

---

---

---

3.  I request a hearing.

I do not request a hearing.

**Plaintiff/Petitioner or Defendant/Respondent**

I declare under criminal penalty under the law of Utah that everything stated in this document is true.

Signed at \_\_\_\_\_ (city, and state or country).

\_\_\_\_\_  
Date

Signature ► \_\_\_\_\_  
Printed Name \_\_\_\_\_

**Attorney or Licensed Paralegal Practitioner of record (if applicable)**

\_\_\_\_\_  
Date

Signature ► \_\_\_\_\_  
Printed Name \_\_\_\_\_

### Certificate of Service

I certify that I filed with the court and am serving a copy of this Memorandum Opposing Motion on the following people.

Person's Name	Service Method	Service Address	Service Date
	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> E-filed <input type="checkbox"/> 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"/> E-filed <input type="checkbox"/> 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"/> E-filed <input type="checkbox"/> 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

\_\_\_\_\_  
 Signature ►

\_\_\_\_\_  
 Printed Name