

\_\_\_\_\_  
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 Court of Utah

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

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

\_\_\_\_\_  
Plaintiff/Petitioner

v.

\_\_\_\_\_  
Defendant/Respondent

**Stipulation for Extraordinary  
Discovery**

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

\_\_\_\_\_  
Judge

\_\_\_\_\_  
Commissioner

**Instructions:**

- You must complete this form before you file it. The judicial services representative cannot complete this form for you.
- 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.
  - Non-Public Information Form, more fully describing any non-public information referred to in this document.

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

I say as follows:

(1) The parties in this case and their lawyers agree to the discovery described below.

(2) The parties have reviewed and approved a budget for discovery. The party paying for the discovery will be:

- the party requesting the discovery.
- the party responding to the discovery request.

(3) More time than is allowed by URCP 26 is needed for (Choose  all that apply.)

- standard discovery.
- extraordinary discovery.

All discovery will be completed no later than \_\_\_\_\_ . (date)

(4) More discovery than is allowed by URCP 26 is needed. The extraordinary discovery will consist of: (Choose  all that apply.)

Deposition of \_\_\_\_\_ (name of person to be deposed) lasting no more than \_\_\_\_\_ hours.

No more than \_\_\_\_\_ (number of) interrogatories submitted to \_\_\_\_\_ (name of party to be interrogated).

Production of the following documents or other things:

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Entry upon \_\_\_\_\_ (address or description of land) for \_\_\_\_\_ (describe inspection and other purpose).

A  physical  mental examination of \_\_\_\_\_ (name of person to be examined) to be conducted by \_\_\_\_\_ (name of examiner).

No more than \_\_\_\_\_ (number of) requests for admission.

(5) The extraordinary discovery and the time and cost to complete it are proportional to the case because: (Choose  all that apply.)

The discovery is reasonable, considering the needs of the case, the amount in controversy, the complexity of the case, the parties' resources, the importance of the issues, and the importance of the discovery in resolving the issues.

The likely benefits of the proposed discovery outweigh the burden or expense.

The discovery is consistent with the overall case management and will further the just, speedy and inexpensive determination of the case.

The discovery is not unreasonably cumulative or duplicative.

The information cannot be obtained from another source that is more convenient, less burdensome or less expensive.

The party seeking discovery has not had sufficient opportunity to obtain the information by discovery or otherwise, taking into account the parties' relative access to the information.

I/We have not included any non-public information in this document.

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

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

### Certificate of Service

I certify that I served a copy of this Stipulation for Extraordinary Discovery 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