

\_\_\_\_\_  
My Name

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

In the District Court of Utah

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

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

**Order on Motion to Waive 90-day  
Waiting Period**

\_\_\_\_\_  
Petitioner

v.

\_\_\_\_\_  
Respondent

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

\_\_\_\_\_  
Judge

\_\_\_\_\_  
Commissioner

The matter before the court is  Petitioner's  Respondent's Motion to Waive the 90-Day Waiting Period. This matter is being resolved by:

A stipulation signed by  petitioner  respondent.

The default of  petitioner  respondent.

A hearing held on \_\_\_\_\_ (date).

Petitioner

was  was not present

was represented by \_\_\_\_\_

was not represented.

Respondent

- was  was not present
- was represented by \_\_\_\_\_
- was not represented.

Having considered the documents filed with the court, the evidence and the arguments, and now being fully informed,

**The Court Finds That:**

- (1) Good cause  has  has not been shown because:

**The Court Orders That:**

- (2)  The Motion to Waive the 90-day Waiting Period is granted.
- (3)  The Motion to Waive the 90-day Waiting Period is denied.

Approved as to form.

\_\_\_\_\_  
Date Sign here ► \_\_\_\_\_  
Plaintiff/Petitioner or Attorney \_\_\_\_\_

\_\_\_\_\_  
Date Sign here ► \_\_\_\_\_  
Defendant/Respondent or Attorney \_\_\_\_\_

\_\_\_\_\_  
Date Sign here ► \_\_\_\_\_  
Recommended by Commissioner \_\_\_\_\_

\_\_\_\_\_  
Date Sign here ► \_\_\_\_\_  
Approved by Judge \_\_\_\_\_

### Certificate of Service

I certify that I served a copy of this Order on Motion to Waive 90-day Waiting Period 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.)		
	<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.)		

Date \_\_\_\_\_ Sign here ► \_\_\_\_\_

Typed or printed name \_\_\_\_\_