

This is a private record.

My Name

Address

City, State, Zip

Phone

Email

I am the Respondent
 Attorney for the 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>Answer to Petition to Modify</p> <p><input type="checkbox"/> and Counterclaim</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 say as follows:

(1) I agree completely with everything stated in the following numbered paragraphs of the petition:

(2) I disagree with all or part of the following numbered paragraphs of the petition:

(3) I neither agree nor disagree with the following numbered paragraphs of the petition because I don't have enough information:

(4) Referring to paragraph number (____) of the petition, I say that: (Optional. Complete only if you have more to say about the paragraph.)

(5) Referring to paragraph number (____) of the petition, I say that: (Optional. Complete only if you have more to say about the paragraph.)

Affirmative Defences

(Optional. Complete these paragraphs only if you know a reason why the petitioner should not win the case, other than what you have already stated in your answers above.)

(6)

(7)

Certificate of Service

I certify that I served a copy of this Answer to Petition to Modify 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