

This is a private record.

My Name

Address

City, State, Zip

Phone

Email

I am the Petitioner Respondent
 Attorney for the Petitioner 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</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.
 - 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) 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 Defenses

(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.)		
(Clerk of Court)	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Electronic File		
Guardian ad Litem (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.)		
	<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