

**This is a private record.**

\_\_\_\_\_  
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><b>Reply to Memorandum Opposing Motion to Appoint Parent Coordinator</b></p> <p>_____ Case Number</p> <p>_____ Judge</p> <p>_____ Commissioner</p>
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**Instructions**

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.

I say the following:

(1) (A) Paragraph number in the Memorandum Opposing the Motion that you disagree with. \_\_\_\_\_.

(B) Statement made by the other party that you disagree with.

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(C) Explain why you disagree.

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(2) (A) Paragraph number in the Memorandum Opposing the Motion that you disagree with. \_\_\_\_\_.

(B) Statement made by the other party that you disagree with.

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(C) Explain why you disagree.

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I declare under penalty of Utah Code Section 78B-5-705 that everything stated in this document is true and correct.

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

### Certificate of Service

I certify that I served a copy of this document 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 \_\_\_\_\_