
Name

Address

City, State, Zip

Phone

Email

Check your email. You will receive information and documents at this email address.

I am ☐ Plaintiff/Petitioner ☐ Defendant/Respondent
☐ Plaintiff/Petitioner's Attorney ☐ Defendant/Respondent's Attorney (Utah Bar #: _____)
☐ Plaintiff/Petitioner's Licensed Paralegal Practitioner
☐ Defendant/Respondent's Licensed Paralegal Practitioner (Utah Bar #: _____)

In the District Court of Utah

_____ Judicial District _____ County

Court Address _____

	Occupancy Hearing Disclosures Utah Rule of Civil Procedure 26.3
Plaintiff/Petitioner	Case Number _____
v.	Judge _____
Defendant/Respondent	Commissioner (domestic cases) _____

Instructions

Do not file this form with the court unless the court orders you to do so. File only the Certificate of Service of Occupancy Hearing Disclosures form, which shows when and how you served this document on the other parties.

I _____ (name) provide the following disclosures:

1. **Documents I will use at the hearing** (Choose one):

☐ I do not have any documents I will use at the hearing. Or I have already given the other party any documents I will use at the hearing.

☐ I have attached documents I may use at the hearing. These are in addition to any documents I have already provided to the other party.

2. **Witnesses** (Choose one):

☐ I do not plan to call any witnesses other than myself.

☐ These are the witnesses I may call in addition to myself. (Attach additional pages if needed. If you list the other party you do not need to give a summary of their expected testimony.)

Name	
Address (if known)	
Phone (if known)	
Summary of expected testimony	

Name	
Address (if known)	
Phone (if known)	
Summary of expected testimony	

Name	
Address (if known)	
Phone (if known)	
Summary of expected testimony	

I will update these disclosures if any additional information becomes available. (Utah Rule of Civil Procedure 26(d)(5)).

Plaintiff/Petitioner or Defendant/Respondent

I declare under criminal penalty under the law of Utah that everything stated in this document is true.

Signed at _____ (city, and state or country).

_____	Signature ►	_____
Date	Printed Name	_____

Attorney or Licensed Paralegal Practitioner of record (if applicable)

_____	Signature ►	_____
Date	Printed Name	_____