
My Name

Address

City, State, Zip

Phone

Email

I am the Defendant/Respondent
 Attorney for the Defendant/Respondent and my Utah Bar number is _____

In the District Court of Utah

_____ Judicial District _____ County

Court Address _____

	Answer
_____ Plaintiff/Petitioner	_____ Case Number
V.	_____ Judge
_____ Defendant/Respondent	_____ Commissioner

Instructions:

- You must complete this form before you file it. Court staff 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 complaint or petition:

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

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

(4) Referring to paragraph number _____ of the complaint or petition, I state that:
[This paragraph is optional. Complete only if you have more to say.]

(5) Referring to paragraph number _____ of the complaint or petition, I state that:
[This paragraph is optional. Complete only if you have more to say.]

(6) Referring to paragraph number _____ of the complaint or petition, I state that:
[This paragraph is optional. Complete only if you have more to say.]

Affirmative Defenses

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

(7)

(8)

(9)

Certificate of Service

I certify that I served a copy of this Answer 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 _____