

\_\_\_\_\_  
My Name

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Address

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City, State, Zip

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Phone

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Email

In the District Court of Utah

\_\_\_\_\_ Judicial District \_\_\_\_\_ County

Court Address \_\_\_\_\_

<p>_____ Petitioner</p> <p>v.</p> <p>_____ Defendant/Respondent</p>	<p><b>Order on Petition for Judicial Review of Final Agency Action</b></p> <p>_____ Case Number</p> <p>_____ Judge</p> <p>_____ Commissioner</p>
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The matter before the court is a Petition for Review of Final Agency Action in an informal adjudicative proceeding pursuant to Utah Code Section 63G-4-402 and \_\_\_\_\_ (Utah Code or other citation).

This matter is being resolved by: (Choose all that apply.)

The default of  Petitioner  Respondent.

The stipulation of the parties.

The pleadings and other papers of the parties.

A trial de novo held on \_\_\_\_\_ (date), notice of which was served on all parties.

Petitioner

was  was not present.

was represented by \_\_\_\_\_ (name).

was not represented.

Respondent

was  was not present.

was represented by \_\_\_\_\_ (name).

was not represented.

Having considered the documents filed with the court, the evidence and the arguments, and now being fully informed,

**The Court Finds and Concludes That:**

(1) The following facts were established:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(2)  The agency action was erroneous for these reasons:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

or

The agency action was not erroneous for these reasons:

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**The Court Orders That:**

- (3)  The petition is dismissed  
 with prejudice.  
 without prejudice

- (4)  The agency is ordered to act as required by law as follows:

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- The agency is ordered to exercise its discretion as required by law as follows:

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- The agency action is set aside or modified as follows:

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The effective date of the agency action is enjoined or stayed as follows:

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The agency action should be remanded for further proceedings as follows:

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(5)  Other:

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(6) No additional order is necessary.

This is the order of the court. Nothing further is required of the parties.

\_\_\_\_\_ Sign here ► \_\_\_\_\_  
Date Recommended by Commissioner \_\_\_\_\_

\_\_\_\_\_ Sign here ► \_\_\_\_\_  
Date Approved by Judge \_\_\_\_\_

Approved as to form.

\_\_\_\_\_ Sign here ► \_\_\_\_\_  
Date Plaintiff/Petitioner or Attorney \_\_\_\_\_

\_\_\_\_\_ Sign here ► \_\_\_\_\_  
Date Defendant/Respondent or Attorney \_\_\_\_\_

### 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"/> E-filed <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"/> E-filed		
(Agency)	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> E-filed <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"/> E-filed <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 \_\_\_\_\_