

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

I am the     Petitioner  
                  Attorney for the Petitioner and my Utah Bar number is \_\_\_\_\_

In the  Utah Supreme Court     Utah Court of Appeals

450 South State Street, Salt Lake City, UT 84111

<p>_____ Appellant</p> <p>v.</p> <p>_____ Appellee</p>	<p><b>Docketing Statement – Agency Review (URAP 9(e))</b></p> <p>_____ Appellate Court Case Number</p> <p>_____ Agency Case Number</p>
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(1)    **Nature of the review.** This petition is to review the order of the \_\_\_\_\_ (name of agency), which has the following effects (Briefly describe what the order does):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(2)    **Jurisdiction.** This court has jurisdiction under:

- Utah Code Section 78A-3-102 (Supreme Court)
- Utah Code Section 78A-4-103 (Court of Appeals)
- Utah Code Section \_\_\_\_\_

(3) **Important dates.**

- When was the final order of the agency entered? \_\_\_\_\_
- When was the Petition for Review filed? \_\_\_\_\_

(4) **Issues on review.** Separately describe the issue(s) that you plan to argue on review.

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(5) **Summary of what happened in the agency.** Briefly describe the facts relating to the issue(s) described above.

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(6) **Related reviews.** Have there been any petitions for review in this matter before this review? Are there any other reviews related to this review?

Yes    No

If yes to either question, provide the appellate court case numbers. If the earlier or related appeal resulted in a written decision, provide the decision citation, if available.

Case Number	Citation (For example, 2015 UT 36 or 2015 UT App 103)



**Certificate of Service**

I certify that on \_\_\_\_\_ (date) a copy of this Docketing Statement was served on all parties listed here by the method indicated below:

Mailed	Emailed	Hand-delivered	Name	Mailing or Email Address
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

\_\_\_\_\_ Sign here ► \_\_\_\_\_

Date \_\_\_\_\_ Typed or Printed Name \_\_\_\_\_