_____
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

_____ Appellant v. _____ Appellee	**Docketing Statement – Agency Review (URAP 9(e))** _____ Appellate Court Case Number _____ Agency Case Number

(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-2-102 (Supreme Court)

[ ] Utah Code Section 78A-3-103 (Court of Appeals)

[ ] Utah Code Section _____

(3) **Important dates**.

    o When was the final order of the agency entered? _____

    o When was the Petition for Review filed? _____

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

_____

_____

_____

_____

_____

_____

_____

_____

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

_____

_____

_____

_____

_____

_____

_____

_____

(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)

(7) **Attachments.**

    o I have attached a copy of the final order I want the court to review

    o If the review is of an order of the Public Service Commission, I have attached any application for rehearing filed under Utah Code Section 54-7-15.

Sign here ▶ _____

_____
Date

Typed or Printed Name _____

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
[ ]	[ ]	[ ]		
[ ]	[ ]	[ ]		
[ ]	[ ]	[ ]		
[ ]	[ ]	[ ]		

Sign here ►

Date   Typed or Printed Name