
My Name

Address

City, State, Zip

Phone

Email

I am the Attorney for the [] Plaintiff/Petitioner [] Defendant/Respondent and my Utah Bar number is _____

In the District Court of Utah

_____ Judicial District _____ County

Court Address _____

Plaintiff/Petitioner

v.

Defendant/Respondent

Notice of Withdrawal of Counsel

Case Number _____

Judge _____

Commissioner _____

(1) Under URCP 74, I notify the court, counsel and parties that I am withdrawing as counsel for:

Client's Name _____

Address _____

City, State, Zip _____

(2) [] There are no motions pending. There are no hearings scheduled. There is no trial scheduled.

(3) [] I entered a limited appearance on behalf of my client, and the purpose for that appearance is finished. (An attorney may withdraw after completing the purpose of a limited appearance even though a motion is pending or a hearing or trial has been scheduled, provided the limited appearance was not for the purpose of that motion, hearing or trial.)

I have not included any non-public information in this document.

I declare under penalty of Utah Code Section 78B-5-705 that everything stated in this document is true and correct.

Date _____ Sign here ► _____

Typed or printed name _____

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"/> 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.) | | |

Date _____

Sign here ► _____

Typed or printed name _____