

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

I am  Plaintiff/Petitioner's Attorney  Defendant/Respondent's Attorney (Utah Bar #: \_\_\_\_\_)  
 Plaintiff/Petitioner's Licensed Paralegal Practitioner  
 Defendant/Respondent's Licensed Paralegal Practitioner (Utah Bar #: \_\_\_\_\_)

In the  District  Justice Court of Utah

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

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

<p>_____ Plaintiff/Petitioner</p> <p>v.</p> <p>_____ Defendant/Respondent</p>	<p><b>Notice of Withdrawal of Counsel or Licensed Paralegal Practitioner</b> (Utah Rule of Civil Procedure 74 and 86)</p> <p>_____ Case Number</p> <p>_____ Judge</p> <p>_____ Commissioner (domestic cases)</p>
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1. I notify the court, counsel and parties that I am withdrawing as counsel or licensed paralegal professional for:

Client's Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, ZIP \_\_\_\_\_

2. There are no motions pending. There are no hearings scheduled. There is no trial scheduled, or there has been a substitution of counsel.  
(If there are motions pending and/or there are hearings scheduled and/or there is a trial scheduled, a separate Motion to Withdraw must be filed.)

3.    [ ]    I entered a limited appearance on behalf of my client, and the purpose for that appearance is finished.  
(An attorney or licensed paralegal practitioner 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 declare under criminal penalty under the law of Utah that everything stated in this document is true.

Signed at \_\_\_\_\_ (city, and state or country).

	Signature ►	
Date	Printed Name of Attorney or Licensed Paralegal Practitioner	

### Certificate of Service

I certify that I filed with the court and am serving a copy of this Notice of Withdrawal of Counsel or Licensed Paralegal Practitioner on the following people.

Person's Name	Service Method	Service Address	Service Date
	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> E-filed <input type="checkbox"/> 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"/> 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"/> 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.)		

\_\_\_\_\_ Signature ► \_\_\_\_\_  
 Date Printed Name \_\_\_\_\_