

\_\_\_\_\_  
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>Substitution 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 replacing \_\_\_\_\_ (name) as counsel or licensed paralegal practitioner for \_\_\_\_\_ (name of client).
2. I will comply with the existing hearing schedule and deadlines.

Date \_\_\_\_\_ Signature ► \_\_\_\_\_  
Printed name of former counsel or  
licensed paralegal practitioner \_\_\_\_\_

Date \_\_\_\_\_ Signature ► \_\_\_\_\_  
Printed name of client \_\_\_\_\_

Date \_\_\_\_\_ Signature ► \_\_\_\_\_  
Printed name of new counsel or  
licensed paralegal practitioner \_\_\_\_\_

### Certificate of Service

I certify that I filed with the court and am serving a copy of this Substitution 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.)		

\_\_\_\_\_  
 Date

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