
Name

Address

City, State, Zip

Phone

Check your email. You will receive information and documents at this email address.

Email

I am Respondent
 Respondent's Attorney (Utah Bar #: _____)

In the District Court of Utah

_____ Judicial District _____ County

Court Address _____

In the matter of essential treatment for

Respondent

**Respondent's Request for Hearing
on Petition for Essential Treatment
and Intervention**
(Utah Code 62A-15-1205)

Case Number

Judge

I ask for a hearing on the question of whether the court should order me to undergo an examination.

Date

Signature ►

Printed Name

Certificate of Service

I certify that I filed with the court and am serving a copy of this Respondent's Request for Hearing on Petition for Essential Treatment and Intervention 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 _____