

This is a private record.

Name

Address

City, State, Zip

Phone

Email

I am the Petitioner
 Respondent
 Attorney for the Petitioner Respondent and my Utah Bar number
is _____

In the District Court of Utah

_____ Judicial District _____ County

Court Address _____

	Motion to Waive 90-day Waiting Period
_____ Petitioner	_____ Case Number
v.	_____ Judge
_____ Respondent	_____ Commissioner

Instructions:

- You must complete this form before you file it. Court staff cannot complete this form for you.
- Keep a copy of all documents for your records.
- Attach:
 - Additional pages as needed to complete paragraphs that don't have enough space. Write the paragraph number on the additional page.
 - Any documents referred to in this document.

(1) I ask that the court waive the 90-day waiting period because:

- (2) The divorce petition was filed on _____ (date).
- (3) [] The other party has signed an Acceptance of Service, Consent and Waiver, which is attached or is already filed with the court.
- (4) Under Utah Code Section 30-3-18 the court may waive the 90-day waiting period if the court finds that there are extraordinary circumstances.

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).

Date

Signature ► _____
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"/> E-filed <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"/> E-filed		
	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> E-filed <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.)		

Sign here ►

Date _____

Typed or Printed Name _____