
Name

Address

City, State, Zip

Phone

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

Email

I am Petitioner Respondent
 Petitioner's Attorney Respondent's Attorney (Utah Bar #: _____)
 Petitioner's Licensed Paralegal Practitioner
 Respondent's Licensed Paralegal Practitioner (Utah Bar #: _____)

In the District Court of Utah

_____ Judicial District _____ County

Court Address _____

<p>_____ Plaintiff/Petitioner</p> <p>V.</p> <p>_____ Defendant/Respondent</p>	<p>Declaration of Other Parent's Earnings (Utah Code 78B-12-201(2) and 78B-12-203(8))</p> <p>_____ Case Number</p> <p>_____ Judge</p> <p>_____ Commissioner</p>
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1. My name is: _____.

2. I believe: _____ (name of other party) (Choose one.):

earns \$ _____ in gross income per month.

should be considered to make minimum wage.

should be considered to have zero income. They are in a non-temporary situation and they:

- cannot earn more than the reasonable costs of child care for our minor children;
- are physically or mentally unable to earn minimum wage;
- are engaged in career or occupational training to establish basic job skills; or
- care for one or more of our children whose unusual emotional or physical needs require them to be present in the home.

3. I am relying on the following:

	Explanation
The other party's employment opportunities, work history, and occupation qualifications	
Educational attainment and literacy	
Age and health	
Criminal record	
Other employment barriers and background factors	
Prevailing earnings and job availability for persons of similar backgrounds in the community	

Petitioner or Respondent

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 _____

Attorney or Licensed Paralegal Practitioner of record (if applicable)

Signature ► _____
Date Printed Name _____

Certificate of Service

I certify that I filed with the court and am serving a copy of this Declaration of Other Parent's Earnings 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.)		
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_____ Signature ► _____
 Date _____ Printed Name _____