
Name

Address

City, State, Zip

Phone

Email

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

In the District Court of Utah

_____ Judicial District _____ County

Court Address _____

<p>_____ Petitioner</p> <p>v.</p> <p>_____ Respondent</p>	<p>Order on Motion for Temporary Order – With Children</p> <p>_____ Case Number</p> <p>_____ Judge</p> <p>_____ Commissioner (domestic cases)</p>
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The matter before the court is a Motion for Temporary Order. This matter is being resolved by: (Choose all that apply.)

- The default of petitioner respondent.
- The stipulation of the parties.
- The pleadings and other papers of the parties.
- A hearing held on _____ (date), notice of which was served on all parties.

Petitioner

- was was not present
- was represented by _____

was not represented.

Respondent

was was not present

was represented by _____

was not represented.

The court orders:

1. **Child custody**

Custody arrangement:

Child's name	Month and year of birth	Physical custody to	Legal custody to
		<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Joint physical	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Joint legal
		<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Joint physical	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Joint legal
		<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Joint physical	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Joint legal
		<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Joint physical	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Joint legal
		<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Joint physical	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Joint legal

Other custody arrangement (Describe in detail.):

2. **Parent-time** (Choose one.):

Statutory parent-time schedule:

Children 5-18 (Utah Code 30-3-35)

Children under 5 (Utah Code 30-3-35.5)

Children 5-18 (expanded schedule) (Utah Code 30-3-35.1)

Parent-time described in the filed or attached Parenting Plan.

Other parent-time schedule: (Describe in detail.)

3. **Parent-time transfers** (Choose one.):

Transfer of the children for parent-time described in the filed or attached Parenting Plan.

Transfer at **beginning** of parent-time with

petitioner

respondent

other adult (Name) _____

transferring the children at this address:

and transfer at **end** of parent-time with

petitioner

respondent

other adult (Name) _____

transferring the children at this address:

Curbside transfers (The parent/person picking up or dropping off the children does not leave the vehicle and the other parent/person does not leave the residence).

Other transfer arrangements (Describe in detail.):

4. **Communication between parties** (Choose all that apply.):

In person

Phone

Petitioner's # _____ Respondent's # _____

Text

Petitioner's # _____ Respondent's # _____

Email

Petitioner's email address _____

Respondent's email address _____

Through a third party

Name _____ Phone # _____

Other method of communication: (Describe in detail.)

Communications between the parties must be civil and respectful and limited to parent-time issues only.

The parties must not make negative or harmful remarks about each other in the presence of the children, must not allow other people to do so and must remove the children if anyone makes negative remarks about the other party.

The parties must not discuss this case in the presence of the children, must not allow other people to do so and must remove the children if anyone discusses the case in the presence of the children.

The parties must not harm or threaten to harm the other parent or the children and must not allow other people to do so and must remove the children if anyone harms or threatens harm to the other parent or children.

5. **Child support**

a. Petitioner's total countable gross monthly income for child support purposes is \$ _____ (Utah Code 78B-12-203).

Petitioner's income is imputed based on

minimum wage.

historical earnings.

Petitioner does receive or has received public assistance.

b. Respondent's total countable gross monthly income for child support purposes is \$_____ (Utah Code 78B-12-203).

Respondent's income is imputed based on

minimum wage.

historical earnings.

Respondent does receive or has received public assistance.

c. Petitioner Respondent must pay \$_____ per month for child support. The following child support worksheet is attached (Choose one.):

sole physical custody worksheet

joint physical custody worksheet

split custody worksheet

(Choose one.)

This amount is based on the Uniform Child Support Guidelines (Utah Code 78B-12-2).

This amount deviates from the Uniform Child Support Guidelines. The court finds that a deviated child support amount is in the best interests of the ~~minor~~ children based on:

the standard of living and situation of the parties.

the relative wealth and income of the parties.

the ability of the obligor to earn.

the ability of the obligee to earn.

the ability of an incapacitated adult child to earn, or other benefits received by the adult child or on the adult child's behalf including Supplemental Security Income.

the needs of the obligee, the obligor, and the child.

the ages of the parties.

the responsibilities of the obligor and the obligee for the support of others.

other. (Describe.):

The reason for the deviated child support amount is:

_____.

d. Effective date (Choose one.):

The child support will be effective upon entry of this order.

OR

The child support will be effective as of this date: _____.

e. Child support must be paid as follows (Choose one.):

Mandatory income withholding by the Office of Recovery Services. Unless the Office of Recovery Services gives notice that payments should be sent elsewhere, all child support payments must be made to: Office of Recovery Services, PO Box 45011, Salt Lake City, UT 84145

OR

Direct payments to the parent receiving child support by:

Check

Deposit in bank account

Cashier's check or money order

Other: _____

f. Child support payments must be made (Choose one.):

One-half on or before the 5th day of each month, and one-half on or before the 20th day of each month.

OR

Other payment arrangement:

- g. Child support not paid on or before the due date is delinquent on the day after the due date.
- h. Child support arrearages will be determined by further judicial or administrative process. Any federal or state tax refund or rebate due to the non-custodial parent will be intercepted by the state of Utah and applied to child support arrearages.

6. **Child care expenses**

Both parties must share equally the reasonable child care expenses related to the custodial parent's work or occupational training.

The parent who pays child care expenses must **immediately** provide to the other parent written verification of the cost of the child care expenses and the identity of the child care provider when hired, within 30 calendar days after a change in the provider or the expense, and anytime upon the request of the other parent.

If the parent who pays child care expenses fails to provide written verification of child care above, that parent may be denied the right to recover or receive credit for the other parent's one-half share of the child care expense.

The other parent must begin paying one-half the child care amount on a monthly basis **immediately** after receiving proof from the parent that pays the child care expense.

Other order for child care payment:

7. **Health insurance, medical and dental expenses**

The minor children currently have health insurance coverage through:

- Petitioner's insurance
- Respondent's insurance
- Medicaid
- CHIP
- Other: _____
- Not covered by insurance

Petitioner Respondent must maintain health insurance for the minor children if it is available to that parent at a reasonable cost. Both parties must share equally:

- a. the cost of the premium paid by a parent for the children's portion of the insurance. The children's portion of the premium will be calculated by dividing the premium amount by the number of people covered by the policy and multiplying the result by the number of minor children of the parties; and
- b. all reasonable and necessary uninsured medical and dental expenses incurred for the children and paid by a parent, including deductibles and co-payments.

The parent ordered to maintain insurance must provide written verification of coverage to the other parent or the Office of Recovery Services when the children are first enrolled, on or before January 2nd of each calendar year and upon any change of insurance carrier, premium, or benefits within 30 calendar days after the date that parent knew or should have known of the change.

If the parent ordered to maintain insurance fails to provide written verification of coverage to the other parent or to the Office of Recovery Services, or if the parent incurring medical expenses fails to provide written verification of the cost and payment of the expenses to the other parent **within 30 days of payment**, that parent may be denied the right to receive credit for the expenses or to recover the other parent's share of the expenses.

The parent receiving written verification must reimburse the parent who incurred the medical or dental expenses one-half of the amount **within 30 days after receiving the written verification**.

8. **Tax exemptions for dependent children**

Tax exemptions for the dependent children for tax year _____ is ordered as follows:

Child's name	Month and year of birth	Parent who may claim exemption
		<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent
		<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent

		<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent
		<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent
		<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent

Other: _____

9. **Payment of bills and debts**

Petitioner must make at least minimum payments on:

Type of debt	Name of creditor	Last 4 digits of account no.	Total amount owed	Monthly amount owed
			\$	\$
			\$	\$
			\$	\$

Respondent must make at least minimum payments on:

Type of debt	Name of creditor	Last 4 digits of account no.	Total amount owed	Monthly amount owed
			\$	\$
			\$	\$
			\$	\$

10. **Property**

Temporary use and possession of property will be as follows:

To petitioner

Residence (Address): _____

Vehicle(s) (Make/model/year): _____

Personal property items:

Other: _____

To respondent

Residence (Address): _____

Vehicle(s) (Make/model/year): _____

Personal property items:

Other: _____

Neither party may sell, transfer or dispose of any property without a court order or written agreement signed by both parties.

11. **Temporary alimony** (Divorce cases only. (Utah Code 30-3-5(8)).)

Petitioner Respondent must pay to petitioner respondent temporary alimony in the amount of \$ _____ per month by:

(Choose one.):

Check

Deposit in bank account

Cashier's check or money order

Other: _____

12. **Attorney fees**

Petitioner Respondent must pay \$ _____ to

Petitioner's attorney

Respondent's attorney

13. **Other orders**

Certificate of Service

I certify that I filed with the court and am serving a copy of this Order on Motion for Temporary Order – With Children 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