
Name

Address (omit if safeguarded)

City, State, Zip (omit if safeguarded)

Phone (omit if safeguarded)

Email (omit if safeguarded)

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

In the District Court of Utah

_____ Judicial District _____ County

Court Address _____

<p>_____ Petitioner</p> <p>v.</p> <p>_____ Respondent</p>	<p>Request to Register Foreign</p> <p><input type="checkbox"/> Child Custody or Parent-Time Order (UCCJEA) Utah Code 78B-13-101 et seq.</p> <p><input type="checkbox"/> Support or Income Withholding Order (UIFSA) Utah Code 78B-14-101 et seq.</p> <p>_____ Case Number</p> <p>_____ Judge</p> <p>_____ Commissioner (domestic cases)</p>
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1. Request

I want to register the attached orders (Choose all that apply.):

Child custody or parent-time order.

The district court has jurisdiction. (Utah Code 78B-13-305) (UCCJEA)

Support or income withholding order.

The district court has jurisdiction. (Utah Code 78B-14-602) (UIFSA)

Combined child custody or parent-time order and support or income withholding order.

2. Safeguarded address

My health, safety, or liberty, or that of my child would be jeopardized by including my contact information. I have provided it in a separate Non-public Information – Safeguarded Address form instead of listing my contact information in paragraph 3 below. (Utah Code 78B-13-209(5)).

3. Requesting party

I am a (Choose one.):

parent of the children listed below.

person who has been acting as a parent to the children listed below.

Name of Minor	Date of Birth	Address (street, city, state, ZIP) (omit if safeguarded)

4. Order to be registered

(Choose one.)

There is only one order. It has never been modified. The original order described below is attached.

The original order has been modified. The most recent modified order is the controlling order. The original order and most recently modified order are described below and attached.

- There are multiple orders. I want the court to determine which order or orders are controlling. They are attached. (This can only be used if registering a support or income withholding order.)

Original order:

- I believe this is the controlling order.

Name of order:			
Name of Court:		State	
Address of Clerk of Court:		Phone Number of Clerk of Court:	
Case Number:		Case Name	
Date Signed:		Signed by Judge:	
Payor:	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent	Monthly Amount	\$

Most recently modified order:

- I believe this is the controlling order.

Name of order:			
Name of Court:		State	
Address of Clerk of Court:		Phone Number of Clerk of Court:	
Case Number:		Case Name	
Date Signed:		Signed by Judge:	
Payor:	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent	Monthly Amount	\$

Other modified order:

I believe this is the controlling order.

Name of order:			
Name of Court:		State	
Address of Clerk of Court:		Phone Number of Clerk of Court:	
Case Number:		Case Name	
Date Signed:		Signed by Judge:	
Payor:	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent	Monthly Amount	\$

5. **Party information**

Name	Social Security Number	Address (street, city, state, ZIP) (omit if protected)	Ordered to (choose all that apply)
Parent			<input type="checkbox"/> Have custody <input type="checkbox"/> Have parent-time <input type="checkbox"/> Pay support <input type="checkbox"/> Receive support
Parent			<input type="checkbox"/> Have custody <input type="checkbox"/> Have parent-time <input type="checkbox"/> Pay support <input type="checkbox"/> Receive support
Person Acting as Parent			<input type="checkbox"/> Have custody <input type="checkbox"/> Have parent-time <input type="checkbox"/> Pay support <input type="checkbox"/> Receive support
Person Receiving Payments			<input type="checkbox"/> Have custody <input type="checkbox"/> Have parent-time <input type="checkbox"/> Pay support <input type="checkbox"/> Receive support

(If you are registering a support or income withholding order, complete paragraphs 6-10.)

Information about the person required to pay (6-8)

6. **Employer**

Name	Address (street, city, state, ZIP)

7. **Other sources of income**

Name	Address (street, city, state, ZIP)

8. **Property**

Non-exempt property in Utah (if known):

Description	Location (Address: street, city, state, ZIP)

9. **Others affected by this action**

Other people or agencies whose rights may be affected in this action:

Name	Address (street, city, state, ZIP)

10. **Past-due child support**

The amount of past-due support (arrear) or consolidated arrear under multiple orders) is \$_____. (If none, enter zero.)

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).

Date

Signature ► _____

Printed Name _____

Attorney or Licensed Paralegal Practitioner of record (if applicable)

Date

Signature ► _____

Printed Name _____

Certificate of Service

I certify that I filed with the court and am serving a copy of this Request to Register Foreign Child Custody or Parent-Time Order, or Support or Income Withholding Order 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 _____