

In the District Court of _____ County, Utah

Court Address _____

In the Matter of Protection for

_____,
Respondent

**Order Assigning Court Visitor to
Report on Request to Excuse
Respondent from the Hearing**

Case Number

Judge

- (1) The court requires further information regarding whether to excuse the respondent from the hearing under Section 75-5-303, since the petitioner has not presented clear and convincing evidence from a physician of the respondent's inability to attend due to fourth stage Alzheimer's disease, extended comatosis, or an intellectual disability with an intelligence quotient score under 20 to 25:
- (2) Utah Code Section 75-5-303 and Section 75-5-308 permit the court to assign a visitor to make inquiries on behalf of the court and report on those inquiries.
- (3) _____ (name) is a special appointee of the court with no personal interest in these proceedings.

Therefore the court orders that:

- (4) The person named in paragraph (3) is assigned as court visitor in this case, and shall inquire regarding the respondent's circumstances.
- (5) This assignment ends on _____ (date), and the court visitor shall file a report of her/his inquiries and observations on or before _____ (date).
- (6) The person named in paragraph (3) will be able to present a certified copy of this order with an original certificate and photo identification.
- (7) Any person the court visitor contacts shall cooperate with the court visitor and assist in gathering information.
- (8) Upon request, the court visitor must have access to all records relating to the the protected person, including protected health information under 45 CFR 164.512(e).
- (9) The visitor shall not disclose the information and records provided under this order to anyone other than to the court, interested persons and others as ordered by the court.

Date

Sign here ►

Judge

Certificate of Service

I certify that I served a copy of this Order Assigning Court Visitor on the following people.

Person's Name	Method of Service	Served at this Address	Served on this Date
(Petitioner 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.)		
(Respondent 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.)		
(Interested Person 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.)		

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Person's Name	Method of Service	Served at this Address	Served on this Date
(Interested Person 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		

_____ Sign here ► _____
 Date

 Typed or Printed Name