
Name

Address

City, State, Zip

Phone

Email

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

I am Petitioner
 Petitioner's Attorney (Utah Bar #: _____)

In the District Court of Utah

_____ Judicial District _____ County

Court Address _____

In the Matter of Protection for

Respondent

Schedule A—people who must be served with the petition and notice of hearing

Case Number

Judge

1. I will have the petition and notice of the hearing personally served upon:

Respondent

Name

Address

City, State, Zip

Phone

Email

Respondent's spouse, who can be found in this state (deceased)

Name

Address

City, State, Zip

Phone

Email

Respondent's mother, who can be found in this state (deceased)

Name

Address

City, State, Zip

Phone

Email

Respondent's father, who can be found in this state (deceased)

Name

Address

City, State, Zip

Phone

Email

2. I request that the clerk of court post a copy of the notice of the hearing for 10 consecutive days immediately preceding the hearing in at least three public places in the county. I will mail a copy of the petition and notice of the hearing to the following people at least 10 days before the hearing:

Respondent's spouse, who cannot be found in this state (deceased)

Name

Address

City, State, Zip

Phone

Email

Respondent's mother, who cannot be found in this state (deceased)

Name

Address

City, State, Zip

Phone

Email

Respondent's father, who cannot be found in this state (deceased)

Name

Address

City, State, Zip

Phone

Email

Respondent's adult child
(deceased)

Name

Address

City, State, Zip

Phone

Email

Respondent's adult child
(deceased)

Name

Address

City, State, Zip

Phone

Email

If no one is listed above, then respondent's closest living adult relative

Name

Address

City, State, Zip

Phone

Email

Person or entity serving as respondent's guardian

Name

Address

City, State, Zip

Phone

Email

Person or entity serving as respondent's conservator

Name

Address

City, State, Zip

Phone

Email

Person nominated as respondent's guardian ([] deceased)

Name

Address

City, State, Zip

Phone

Email

Person with power of attorney for respondent

Name

Address

City, State, Zip

Phone

Email

Healthcare decision making agent appointed by respondent

Name

Address

City, State, Zip

Phone

Email

Person nominated as respondent's conservator ([] deceased)

Name

Address

City, State, Zip

Phone

Email

Person or entity responsible for respondent's care and custody

Name

Address

City, State, Zip

Phone

Email

Adult Protective Services (Required if APS has received a referral concerning the welfare of the respondent, or of the guardian/conservator, or of the proposed guardian/conservator.)

Name

Address

City, State, Zip

Phone

Email

Other interested person

Name

Address

City, State, Zip

Phone

Email

Other interested person

Name

Address

City, State, Zip

Phone

Email

_____ Date

Signature ► _____

Printed Name _____