

**This is a private record.**

\_\_\_\_\_  
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 \_\_\_\_\_