

**This is a private record.**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

I am the  Petitioner  
 Respondent  
 Attorney for the  Petitioner  Respondent and my Utah Bar number is \_\_\_\_\_

In the District Court of Utah

\_\_\_\_\_ Judicial District \_\_\_\_\_ County

Court Address \_\_\_\_\_

|                     |   |
|---------------------|---|
|                     | <b>Memorandum Opposing Motion to Modify Child Support</b> |
|                     | <input type="checkbox"/> <b>Hearing Requested</b>         |
| _____<br>Petitioner | _____<br>Case Number                                      |
| v.                  | _____<br>Judge  |
| _____<br>Respondent | _____<br>Commissioner                                     |

**Instructions**

Attach:

- Additional pages as needed to complete paragraphs that don't have enough space. Write the paragraph number on the additional page.
- Any documents referred to in this document.
- Non-public Information – Parent Information and Location
- Non-public Information – Minors (if applicable)
- Non-public Information – Safeguarded Address (if applicable)
- Child Support Worksheet
- Other attachments described in this document if they are applicable (Insurance Premium and Child Care Adjustment Worksheet, Consent to Jurisdiction, Stipulation to Enter Judgment)

- Documents supporting your claims or arguments
- Your own Motion to Modify Child Support and its supporting documents (if you want the court to order child support in your favor)

I say the following:

**(1) Controlling child support order.**

I do not oppose Paragraph (1) of the Motion.

I oppose Paragraph (1) because the controlling child support order is:

|                            |  |                                 |    |
|----------------------------|--|---------------------------------|----|
| Title 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<br><input type="checkbox"/> Respondent | Monthly Amount                  | \$ |

**(2) Jurisdiction.**

I do not oppose Paragraph (2) of the Motion.

I oppose Paragraph (2). The court does not have jurisdiction because:

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**(3) Relationship to children.**

I do not oppose Paragraph (3) of the Motion.

I oppose Paragraph (3) because the moving party is not the

- payor (person who pays child support);
- payee (person who receives child support);
- mother of the children
- father of the children

- legal guardian, conservator or custodian of the children

**(4) Grounds to Modify.** (if moving party claims grounds in Paragraph (5) of the Motion)

I do not oppose Paragraph (4) of the Motion.

I oppose Paragraph (4) because:

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**(5) Request for change in monthly child support payment.**

I do not oppose Paragraph (5) of the Motion.

I oppose Paragraph (5) because

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I request that monthly child support be ordered as requested in my attached Motion to Modify Child Support.

**(6)  Costs and attorney fees**

I do not oppose Paragraph (6) of the Motion.

I oppose Paragraph (6) because

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I request that the other party pay my costs and attorney fees because, without this payment, I would be unable to defend this action.

**(7) Hearing.**

I request a hearing on this motion.

I do not request a hearing on this motion.



### Certificate of Service

I certify that I served a copy of this document on the following people.

| Person's Name                           | Method of Service   | Served at this Address | Served on this Date |
|---|---|------------------------|---------------------|
| (Other Party or Attorney)               | <input type="checkbox"/> Mail<br><input type="checkbox"/> Hand Delivery<br><input type="checkbox"/> Fax (Person agreed to service by fax.)<br><input type="checkbox"/> Email (Person agreed to service by email.)<br><input type="checkbox"/> Left at business (With person in charge or in receptacle for deliveries.)<br><input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.) |                        |                     |
| (Child Support Division, if applicable) | <input type="checkbox"/> Mail<br><input type="checkbox"/> Hand Delivery<br><input type="checkbox"/> Fax (Person agreed to service by fax.)<br><input type="checkbox"/> Email (Person agreed to service by email.)<br><input type="checkbox"/> Left at business (With person in charge or in receptacle for deliveries.)<br><input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.) |                        |                     |
| (Clerk of Court)                        | <input type="checkbox"/> Mail<br><input type="checkbox"/> Hand Delivery<br><input type="checkbox"/> Electronic File   |                        |                     |
|   | <input type="checkbox"/> Mail<br><input type="checkbox"/> Hand Delivery<br><input type="checkbox"/> Fax (Person agreed to service by fax.)<br><input type="checkbox"/> Email (Person agreed to service by email.)<br><input type="checkbox"/> Left at business (With person in charge or in receptacle for deliveries.)<br><input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.) |                        |                     |
|   | <input type="checkbox"/> Mail<br><input type="checkbox"/> Hand Delivery<br><input type="checkbox"/> Fax (Person agreed to service by fax.)<br><input type="checkbox"/> Email (Person agreed to service by email.)<br><input type="checkbox"/> Left at business (With person in charge or in receptacle for deliveries.)<br><input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.) |                        |                     |

Sign here ► \_\_\_\_\_

Date \_\_\_\_\_

Typed or Printed Name \_\_\_\_\_