

**This is a private record.**

\_\_\_\_\_  
My 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>Answer</b>
	<input type="checkbox"/> <b>and Counterclaim</b>
_____ Petitioner	_____ Case Number
V.	_____ Judge
_____ Respondent	_____ Commissioner

**Instructions:**

- You must complete this form before you file it. Court staff cannot complete this form for you. Use the Checklist to help you understand and complete this form.
- Keep a copy of all documents for your records.
- Attend all court hearings.
- 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 Form, more fully describing any non-public information referred to in this document.

[ ] By and through my attorney, (Attorney, check here if you are appearing for your client.)

I say as follows:

- (1) I agree completely with everything stated in the following numbered paragraphs of the petition:

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- (2) I disagree with all or part of the following numbered paragraphs of the petition:

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- (3) I neither agree nor disagree with the following numbered paragraphs of the petition because I don't have enough information:

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- (4) Referring to paragraph number (\_\_\_\_) of the petition, I say that: (Optional. Complete only if you have more to say about the paragraph.)

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(5) Referring to paragraph number (\_\_\_\_) of the petition, I say that: (Optional. Complete only if you have more to say about the paragraph.)

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**Affirmative Defenses**

(Optional. Complete these paragraphs only if you know a reason why the petitioner should not win the case, other than what you have already stated in your answers above.)

(6)

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(7)

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**Counterclaim**

(Optional. Explain any result that you want the court to order. Be specific. For example, "I want the court to order parent time as follows: .... Or "I want the court to award me attorney fees for defending this action.")

(8)

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### 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 <input type="checkbox"/> Hand Delivery <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"/> Electronic File		
Guardian ad Litem (if applicable)	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <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.)		
	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <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.)		

\_\_\_\_\_ Sign here ► \_\_\_\_\_  
 Date \_\_\_\_\_  
 \_\_\_\_\_  
 Typed or Printed Name \_\_\_\_\_