

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 _____

	Memorandum Opposing Motion to Appoint Parent Coordinator
_____ Petitioner	_____ Case Number
v.	_____ Judge
_____ Respondent	_____ 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.
- For each person named in Paragraph (2), attach a Statement of Qualifications completed by that person.

I say the following:

(1) I oppose the Motion to Appoint a Parent Coordinator because:

(2) I oppose the appointment of the parent coordinators named by the other party because:

Instead, the court should appoint: (Print the name of any professionals you are willing to have appointed as parent coordinator. For each person named, attach a Statement of Qualifications completed by that person. If the motion is granted, the court will appoint a parent coordinator suggested by you or the other party or one selected by the court.)

(a)

(b)

(c)

(3) I oppose the amount of time for consultation with the parent coordinator. Instead, the court should order a minimum of ____ hours (not less than 4 hours) of consultation, unless a parenting plan is finalized sooner, because:

(4) I oppose the responsibility for payment of the parent coordinator's fees. Instead, the court should order that the Petitioner should pay ____ % of the parent coordinator's fee and the Respondent should pay ____ % because:

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		
	<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