

This is a private record

\_\_\_\_\_  
Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City, State, Zip  
\_\_\_\_\_  
Phone  
\_\_\_\_\_  
Email

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

In the  District  Juvenile  Justice Court of Utah  
\_\_\_\_\_ Judicial District \_\_\_\_\_ County

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

<p>_____ Plaintiff/Petitioner  v.  _____ Defendant/Respondent</p>	<p><b>Memorandum Opposing Motion to</b> _____ <b><input type="checkbox"/> Hearing Requested</b> _____ Case Number _____ Judge _____ Commissioner</p>
---	--

(1) I disagree with the opposing party's Motion to \_\_\_\_\_  
because:  
(State briefly and clearly how you would like the court to rule on the opposing party's motion and  
why. For example, "I want the court to deny the motion 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 \_\_\_\_\_