

UTAH DISTRICT COURTS COVER SHEET FOR PROBATE ACTIONS

CHOOSE [X] ONE

- \$360 [] Adoption/Foreign Adoption, plus [] \$8 Vital Statistics per child (§ 26-2-25)
- \$360 [] Conservatorship
- \$360 [] Estate Personal Rep
- \$35 [] Foreign Probate - Moving an out of state probate matter to Utah.
- \$360 [] Gestational Agreement
- \$360 [] Guardianship of an Adult
- \$360 [] Guardianship of a Minor
- \$35 [] Guardianship by the parent(s) of an Adult Child
- \$360 [] Minor's Insurance Settlement
- \$360 [] Name Change
- \$360 [] Supervised Administration
- \$360 [] Trust
- \$360 [] Unspecified (other) Probate

Annual Accounting by Guardians or Conservators

- \$ 15 [] Estate valued at \$50,000 or less
- \$ 30 [] Estate valued at \$50,001- \$75,000
- \$ 50 [] Estate valued at \$75,001- \$112,000
- \$ 90 [] Estate valued at \$112,001- \$168,000
- \$175 [] Estate valued at more than \$168,000

Interpretation: If you do not speak or understand English, contact the court at least 3 days before the hearing or mediation and an interpreter will be provided.

Interpretacion. Si usted no habla o entiende el Ingles, contacte al tribunal pro lo menos 3 dias antes de la audiencia o mediacion y le proveeran un interprete,

PETITIONER or name of person seeking appointment as personal representative, guardian, conservator, or the name change filer:

Name

Address

City, State, ZIP

Phone

Email

ADDITIONAL PETITIONER or name of other person seeking appointment as personal representative, guardian, conservator, or name change filer: Attach additional sheet if more than two petitioners.

Name

Address

City, State, ZIP

Phone

Email

RESPONDENT/PROTECTED OR INCAPACITATED PERSON/OTHER this is the name of the party of concern, for example, the name of the alleged incapacitated person in a guardianship or conservatorship case. Attach additional sheet if more than one party.

Name

Address

City, State, ZIP

Phone

Email

MINOR'S NAME for minor guardianship or conservatorship, minor's name change, or minor's insurance settlements. Attach additional sheet if more than one minor.

Name

Address

City, State, ZIP

Phone

Email

DECEDENT/DECEASED PERSON'S NAME for estate matters such as an application for appointment of personal representative. Attach additional sheet if more than one decedent.

Name

ATTORNEY INFORMATION

Choose [X] one:

For Petitioner(s)

For Respondent/Protected or
Incapacitated Person/Other

For Minor(s)

None

Name and Bar #

Address

City, State, ZIP

Phone

Email