
Name

Address

City, State, Zip

Phone

Email

Check your email. You will receive information and documents at this email address.

I am ☐ Petitioner ☐ Respondent ☐ Interested Person
☐ Petitioner's Attorney ☐ Respondent's Attorney ☐ Interested Person's Attorney
(Utah Bar #: _____)

In the District Court of Utah

_____ Judicial District _____ County

Court Address _____

In the Matter of Protection for

_____,
Respondent

**Request for Order to Examine
Respondent**

Case Number

Judge

1. I request that the court order the respondent be examined by _____ (name)

who is a physician licensed in the state of _____, and
who will examine the respondent, evaluate the respondent's functional
limitations, and submit a written report to the court.

2. I make this request because:

I declare under criminal penalty under the law of Utah that everything stated in this document is true.

Signed at _____ (city, and state or country).

_____	Signature ►	_____
Date	Printed Name	_____

Certificate of Service

I certify that I filed with the court and am serving a copy of this Request for Order to Examine Respondent on the following people.

Person's Name	Service Method	Service Address	Service Date
(Petitioner or Attorney)	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> E-filed <input type="checkbox"/> 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.)		
(Respondent or Attorney)	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> E-filed <input type="checkbox"/> 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"/> E-filed <input type="checkbox"/> 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.)		

 Date

 Signature ►

 Printed Name