Name				
Address				
City, State, Zip				
Oity, State, Zip				
Phone				
		ail. You will receive info is email address.	rmation and	
Email				
I am [] Petitioner [] Respond [] Petitioner's Attorney [] Respond	dent's Attorney	(Utah Bar #:)	
[] Petitioner's Licensed Paralegal Practitione[] Respondent's Licensed Paralegal Practition		(Utah Bar #:)	
In the Distric	t Court of Uta	ah		
Judicial Distric	ct	County		
Court Address				
In the Matter of (select one)				
in the Matter of (select one)		Certificate of Service of Financial Declaration		
[] the Marriage of (for a divorce with or with	a			
children, annulment, separate maintenance				
temporary separation case)				
[] the Children of (to establish custody, pare	ent- Case Nu	mber		
time or child support) [] the Parentage of the Children of (for a				
paternity case)		Indus.		
,	Judge			
(name of Petitioner)				
and	Commis	sioner		
and				
(name of Posnandant)				
(name of Respondent)				
	ı			
Other parties (if any)				

I certify that I served a copy of my Financial Declaration on the following people.

Person's Name	Service Method	Service Address	Service Date	
1 CISOII S INGILIE	[] Mail	COLVIDE Addiess	Date	
	[] Hand Delivery [] E-filed/MyCase			
	[] Email			
	Left at business (With person in charge or in receptacle for deliveries.)			
	[] Left at home (With person of suitable			
	age and discretion residing there.)			
	[] Hand Delivery			
	[]E-filed/MyCase []Email			
	[] Left at business (With person in charge			
	or in receptacle for deliveries.) [] Left at home (With person of suitable			
	age and discretion residing there.)			
	[] Hand Delivery			
	[]E-filed/MyCase []Email			
	Left at business (With person in charge			
	or in receptacle for deliveries.) [] Left at home (With person of suitable			
	age and discretion residing there.)			
Petitioner or Respondent				
I declare under criminal penalty under the law of Utah that everything stated in this document is true.				
Signed at		(city, and sta	te or country).	
Signature ▶				
Date Printed Name				

Attorney or Licensed Paralegal Practitioner of record (if applicable)

Date

Signature ▶

Printed Name