|  |  |  |
| --- | --- | --- |
|  |  | |
| Name |  | |
|  |  | |
| Address |  | |
|  |  | |
| City, State, Zip |  | |
|  |  | |
| Phone |  | |
|  | **Check your email.** You will receive information and documents at this email address. | |
| Email |
| I am [ ] Petitioner [ ] Respondent  [ ] Petitioner’s Attorney [ ] Respondent’s Attorney (Utah Bar #:\_\_\_\_\_\_\_\_\_\_)  [ ] Petitioner’s Licensed Paralegal Practitioner  [ ] Respondent’s Licensed Paralegal Practitioner (Utah Bar #:\_\_\_\_\_\_\_\_\_\_) | | | |
| In the District Court of Utah  \_\_\_\_\_\_\_\_\_\_ Judicial District \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County  Court Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| In the Matter of (select one)  [ ] the Marriage of (for a divorce with or without children, annulment, separate maintenance, or temporary separation case)  [ ] the Children of (to establish custody, parent-time or child support)  [ ] the Parentage of the Children of (for a paternity case)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of Petitioner)  and  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of Respondent)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Other parties (if any) | | **Memorandum Opposing Motion to Appoint Parent Coordinator**  **[ ] Hearing requested**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Case Number  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Judge  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Commissioner | | |

1. [ ] I disagree with the opposing party’s Motion to Appoint a Parent Coordinator because:

|  |
| --- |
|  |
|  |
|  |
|  |

2. [ ] I don’t want the court to appoint the following parent coordinators suggested by the other party:

|  |
| --- |
|  |
|  |

because:

|  |
| --- |
|  |
|  |
|  |
|  |

I want the court to appoint one of the following:

(Print the name of any qualified professionals listed you are willing to have appointed as parent coordinator. The requirements can be found in Utah Code of Judicial Administration Rule 4-509(4). Attach a Parent Coordinator Qualification Statement for each professional.)

|  |
| --- |
|  |
|  |
|  |

3. [ ] I disagree with 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 disagree with the division of payment of the parent coordinator’s fees. Instead, the court should order the petitioner to pay \_\_\_\_\_ % of the parent coordinator’s fee and respondent to pay \_\_\_\_\_ % because:

|  |
| --- |
|  |
|  |
|  |
|  |

5. [ ] I disagree with the proposed role of the parent coordinator because:

|  |
| --- |
|  |
|  |
|  |
|  |

Instead:

[ ] The parent coordinator should perform the services listed in Utah Code of Judicial Administration Rule 4-509.

[ ] The parent coordinator should do only the following:

|  |
| --- |
|  |
|  |
|  |
|  |

6. [ ] I request a hearing.

**Plaintiff/Petitioner or Defendant/Respondent**

|  |  |  |  |
| --- | --- | --- | --- |
| 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 | |  |
| **Attorney or Licensed Paralegal Practitioner of record** (if applicable) | | | |
|  | | Signature ► |  |
| Date | Printed Name | |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Certificate of Service**  I certify that I filed with the court and am serving a copy of this Memorandum Opposing Motion to Appoint Parent Coordinator on the following people. | | | | | | |
| Person’s Name | | Service Method | | | Service Address | Service Date |
|  | | [ ] Mail  [ ] 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.) | | |  |  |
|  | | [ ] Mail  [ ] 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.) | | |  |  |
|  | | [ ] Mail  [ ] 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.) | | |  |  |
|  | | | Signature ► |  | | |
| Date | Printed Name | | |  | | |