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|  | **This is a private record** | |
| 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 Demonstrating Inability to Pay Fees**  (Utah Code 78A-2-307)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Case Number  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Judge  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Commissioner (domestic cases) | |

1. I say the following (Choose all that apply.):

[ ] I have lost my source of income.

[ ] I have unaccounted expenses limiting my ability to pay.

[ ] I will suffer immediate irreparable harm if the action is delayed.

[ ] would lose the opportunity to file the case because of the delay

2. I have filed this document within 10 days after receiving the Order on Motion to Waive Fees.

3. I have attached documents to support my claims.

**Plaintiff/Petitioner or Defendant/Respondent**

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