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|  |  |
| Name |  |
|  |  |
| Address |  |
|  |  |
| City, State, Zip |  |
|  |  |
| Phone |  |
|  | **Check your email.** You will receive information and documents at this email address. |
| Email |

I am [$C] Petitioner [$C] Respondent

$Line

[$C] Petitioner’s Licensed Paralegal Practitioner

$Line

|  |  |
| --- | --- |
| In the District Court of Utah  $Line  $Line | |
| In the Matter of (select one)  [$C] the Marriage of (for a divorce with or without children, annulment, separate maintenance, or temporary separation case)  [$C] the Children of (to establish custody, parent-time or child support)  [$C] the Parentage of the Children of (for a paternity case)  $Line  and  $Line  $Line  Other parties (if any) | **Certificate of Service of Financial Declaration**  (Utah Rule of Civil Procedure 26.1(d))  $Line  Case Number  $Line  Judge  $Line  Commissioner |

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

| Person’s Name | Service Method | Service Address | Service Date |
| --- | --- | --- | --- |
|  | [$C] Mail  [$C] Hand Delivery  [$C] E-filed/MyCase  [$C] Email  [$C] Left at business (With person in charge or in receptacle for deliveries.)  [$C] Left at home (With person of suitable age and discretion residing there.) |  |  |
|  | [$C] Mail  [$C] Hand Delivery  [$C] E-filed/MyCase  [$C] Email  [$C] Left at business (With person in charge or in receptacle for deliveries.)  [$C] Left at home (With person of suitable age and discretion residing there.) |  |  |
|  | [$C] Mail  [$C] Hand Delivery  [$C] E-filed/MyCase  [$C] Email  [$C] Left at business (With person in charge or in receptacle for deliveries.)  [$C] 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.  $Line | | | |
|  | | Signature ► |  |
| Date | Printed Name | |  |
| **Attorney or Licensed Paralegal Practitioner of record** (if applicable) | | | |
|  | | Signature ► |  |
| Date | Printed Name | |  |