Name	
Address	
City, State, Zip	
City, State, Zip	
Phone	
THORE	Check your email. You will receive information and
Evel	documents at this email address.
Email	
I am [] Plaintiff/Petitioner [] Defend	ant/Respondent ant/Respondent's Attorney (Utah Bar #:)
[] Plaintiff/Petitioner's Licensed Paralegal P	
[] Defendant/Respondent's Licensed Parale	egal Practitioner (Utah Bar #:)
In the Distric	ct Court of Utah
Judicial Distri	ct County
Occupt Address	
Court Address	
	Memorandum Opposing Motion to
	Appoint Parent Coordinator
	[] Hearing requested
Petitioner	
V	Case Number
V.	Case Number
Respondent	Judge
·	
	Commissioner
	arty'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 coordinat of Judicial Administra	or should perform the services listed in Utah Code ation Rule 4-509.
	[] The parent coordinat	or should do only the following:
6. []	I request a hearing.	
Plaintiff/Pe	titioner or Defendant/Res	spondent
I declare und	r criminal penalty under the law	of Utah that everything stated in this document is true.
Signed at		(city, and state or country).
	s	ignature ▶
Date		inted Name
Attorney o	· Licensed Paralegal Pra	ctitioner of record (if applicable)
	S	ignature ▶
Date	Pri	inted 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[] 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 [] 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 [] 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 ▶		

	Signature ►
Date	
	Printed Name