| Name   |   |  |  |  |
|--|---|--|--|--|
| Address  |   |  |  |  |
| City, State, Zip   |   |  |  |  |
|  |   |  |  |  |
|  | heck your email. You will receive information and ocuments at this email address.                       |  |  |  |
| Email  |   |  |  |  |
| I am [] Petitioner [] Responde [] Petitioner's Attorney [] Responde [] Petitioner's Licensed Paralegal Practitioner [] Respondent's Licensed Paralegal Practition                            | ent's Attorney (Utah Bar #:)  |  |  |  |
| [ ]opooon.oo . u.u.oguou.oo  | <u>. (Clair 24: 71</u>  |  |  |  |
| In the District Court of Utah  |   |  |  |  |
| Judicial District  | County  |  |  |  |
| Court Address  |   |  |  |  |
|  | Exhibit Summary (For voluminous exhibits in Commissioner proceedings; Utah Rule of Civil Procedure 101) |  |  |  |
| Petitioner   |   |  |  |  |
| V.   | Case Number   |  |  |  |
| Respondent   | Judge   |  |  |  |
|  | Commissioner  |  |  |  |
| 1. I am the [ ] petitioner [ ] responden   | nt.   |  |  |  |
| <ul><li>I am submitting this Exhibit Summary with the court instead of filing the voluminous exhibit (more than 10 pages) that supports my:</li><li>[ ] Motion to (name of motion)</li></ul> |   |  |  |  |
| [ ] Memorandum Opposing Motion to  |   |  |  |  |
| [ ] Reply to Memorandum Opposing Motion to (name of motion)  |   |  |  |  |
|  |   |  |  |  |

| [ ] Other                                 |  |
|---|--|
| (Utah Rule of Civil Procedure 101(h)(3).) |  |
|   |  |

- 3. I have provided the other party with a complete copy of the exhibit.
- 4. I know that I must bring the original or copy of the complete exhibit to the hearing.
- 5. One or more of my exhibits is longer than 10 pages. I am providing a summary of those exhibits as a chart, list, spreadsheet or calculation. Copies of the exhibits have been provided to all parties and will be available at any hearing.

For each exhibit summary provide a name, a brief summary of the contents, and explain the "foundation" – how you came to have the item, or what you know about the item to prove it is authentic. (Attach additional sheets if needed.)

## **Example** Name Exhibit D **Summary of Contents** Itemized list of medical expenses. Foundation Compiled from statements from the insurance company. Name **Summary of Contents** Foundation Name **Summary of Contents** Foundation Name **Summary of Contents** Foundation Name

|   | Summary of Contents |                               |  |  |  |  |
|---|---------------------|-------------------------------|--|--|--|--|
|   | Foundation          |                               |  |  |  |  |
|   |                     |                               |  |  |  |  |
| 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). |  |  |  |  |
| Date  |                     | Signature ▶                   |  |  |  |  |
|   |                     | Printed Name                  |  |  |  |  |
|   |                     |                               |  |  |  |  |
| Attorney or Licensed Paralegal Practitioner of record (if applicable)                                   |                     |                               |  |  |  |  |
| Date  |                     | Signature ▶                   |  |  |  |  |
| Date  |                     | Printed Name                  |  |  |  |  |

| Certificate of Service   |   |                 |                 |  |  |  |
|--|---|-----------------|-----------------|--|--|--|
| I certify that I filed with the court and am serving a copy of this Exhibit Summary on the following people. |   |                 |                 |  |  |  |
| Person's Name  | Service Method  | Service Address | Service<br>Date |  |  |  |
|  | <ul> <li>[ ] Mail</li> <li>[ ] Hand Delivery</li> <li>[ ] E-filed</li> <li>[ ] Email</li> <li>[ ] Left at business (With person in charge or in receptacle for deliveries.)</li> <li>[ ] Left at home (With person of suitable age and discretion residing there.)</li> </ul> |                 |                 |  |  |  |
|  | <ul> <li>[ ] Mail</li> <li>[ ] Hand Delivery</li> <li>[ ] E-filed</li> <li>[ ] Email</li> <li>[ ] Left at business (With person in charge or in receptacle for deliveries.)</li> <li>[ ] Left at home (With person of suitable age and discretion residing there.)</li> </ul> |                 |                 |  |  |  |
|  | <ul> <li>[ ] Mail</li> <li>[ ] Hand Delivery</li> <li>[ ] E-filed</li> <li>[ ] Email</li> <li>[ ] Left at business (With person in charge or in receptacle for deliveries.)</li> <li>[ ] Left at home (With person of suitable age and discretion residing there.)</li> </ul> |                 |                 |  |  |  |
| Signature ▶ _  |   |                 |                 |  |  |  |
| Date Printed Name  |   |                 |                 |  |  |  |