

My Name _____

Address _____

City, State, Zip _____

Phone _____

E-mail _____

I am the ☐ Petitioner

☐ Respondent

☐ Attorney for the ☐ Petitioner ☐ Respondent and my Utah Bar number is

In the District Court of Utah

_____ Judicial District _____ County

Court Address _____

Petitioner

v.

Respondent

**Reply to Statement Opposing
Motion to Waive 90-day Waiting
Period**

Case Number _____

Judge _____

Commissioner _____

☐ By and through my attorney, (Attorney, check here if you are appearing for your client.)

I say as follows:

(1)(A) I disagree with the following statement from the Statement Opposing Motion to Waive 90-day Waiting Period. (Quote the statement exactly.)

(B) I disagree for the following reasons.

(2)(A) I disagree with the following statement from the Statement Opposing Motion to Waive 90-day Waiting Period. (Quote the statement exactly.)

(B) I disagree for the following reasons.

I have not included any non-public information in this document.

I declare under penalty of Utah Code Section 78B-5-705 that everything stated in this document is true and correct.

Date _____ Sign here ► _____

Typed or printed name _____

Certificate of Service

I certify that I served a copy of this Reply to Statement Opposing Motion to Waive 90-day Waiting Period on the following people.

Person's Name	Method of Service	Served at this Address	Served on this Date
(Other Party or Attorney)	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Fax (Person agreed to service by fax.) <input type="checkbox"/> Email (Person agreed to service by email.) <input type="checkbox"/> Left at business (With person in charge or in receptacle for deliveries.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)		
(Clerk of Court)	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Electronic File		
	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Fax (Person agreed to service by fax.) <input type="checkbox"/> Email (Person agreed to service by email.) <input type="checkbox"/> Left at business (With person in charge or in receptacle for deliveries.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)		
	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Fax (Person agreed to service by fax.) <input type="checkbox"/> Email (Person agreed to service by email.) <input type="checkbox"/> Left at business (With person in charge or in receptacle for deliveries.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)		

Date _____ Sign here ► _____

Typed or printed name _____