
Name

Address

City, State, Zip

Phone

Email

If you do not respond to this document within applicable time limits, judgment could be entered against you as requested.

Check your email. You will receive information and documents at this email address.

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 _____

_____ Plaintiff/Petitioner	Petition to Expunge Civil Protective Order or Civil Stalking Injunction (Utah Code 78B-7-1003)
v.	_____ Case Number
_____ Defendant/Respondent	_____ Judge
	_____ Commissioner (only for protective orders)

Notice to responding party: Any objection to this petition must be filed within 30 days of when the petition was filed.

1. I am the respondent in a civil protective order or civil stalking injunction case. I ask the court to expunge the records in this case.
2. The last protective order or stalking injunction in this case was: (choose one)
 - a temporary order issued against me without notice, and:
 - was dismissed, dissolved, or expired after a hearing.
 - the court did not issue a final order.

- at least 30 days have passed from the day on which the ex parte civil protective order or civil stalking injunction was issued.

the petitioner did not attend the hearing.

a final order, and:

- it has been dismissed, dissolved, vacated, or expired.
- three years have passed from the day of the dismissal, dissolution, vacation, or expiration.

3. I have not been arrested, charged, or convicted for violating the civil protective order or civil stalking injunction.

4. There are no criminal proceedings pending against me in Utah.

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 ► _____
Printed Name _____