
Name

Address

City, State, Zip

Phone

Email

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 _____

<p>_____ Petitioner</p> <p>v.</p> <p>_____ Respondent</p>	<p>Motion to Waive Education Requirements (Utah Code 30-3-4)</p> <p>_____ Case Number</p> <p>_____ Judge</p> <p>_____ Commissioner</p>
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1. I ask the court to waive the following education requirements.

Orientation course for:
 petitioner.

respondent.

Education course for:

petitioner.

respondent.

2. The course(s) is/are not necessary, appropriate, feasible, or in the best interest of the parties because:

3. I am attaching the following documents to support my motion.

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 ► _____
Printed Name _____

Certificate of Service

I certify that I filed with the court and am serving a copy of this Motion to Waive Education Requirements on the following people.

Person's Name	Service Method	Service Address	Service Date
	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> E-filed <input type="checkbox"/> 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"/> E-filed <input type="checkbox"/> 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"/> E-filed <input type="checkbox"/> 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

Signature ► _____
 Printed Name _____