

In the District Justice Court of Utah

_____ Judicial District _____ County

Court Address _____

In Re Petition to Expunge the Records of

Petitioner

Notice of Hearing

Case Number _____

Judge _____

To:

Petitioner

Prosecuting Attorney

Victim

Other person with relevant information

The court has scheduled a hearing on this Petition to Expunge Records at the following date and time.

Date _____ Time ____ : ____ a.m. p.m.

Room _____ Judicial Officer _____

Attendance. You must attend and bring all relevant evidence and witnesses. If you do not attend, an order may be entered against you. You have the right to be represented by a lawyer.

Disability Accommodation. If you have a disability requiring accommodation, including an ASL interpreter, contact a judicial services representative at least 3 days before the hearing.

Date

Sign here ► _____

Court Clerk _____

Certificate of Service

I certify that I served a copy of this Notice of Hearing on the following people.

| Person's Name | Method of Service | Served at this Address | Served on this Date |
|------------------------|---|------------------------|---------------------|
| (Petitioner) | <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.) | | |
| (Prosecuting 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.) | | |
| (Victim) | <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.) | | |
| (Other Person) | <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.) | | |

Sign here ► _____

_____ Date

Typed or Printed Name _____