

This is a private record.

Non-public Information – Minors

Case No. _____

Utah Code of Judicial Administration Rule 4-202.02

Use this document to provide non-public information to the court. Write the information here, and omit it from the public document. Complete as many forms as needed. Serve this form on the other party.

I swear or affirm that the following information is true.

* Keep the residential address private and do not provide it to the other party because there is reason to believe that releasing the information may result in physical or emotional harm to me or to my child.

(If you check this box, do not include the child's residential address on this document or any other papers filed with the court. Include it **only** on the Safeguarded Address form.)

1. Name of minor	Date of birth	Sex	Social Security Number
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Residential address*

The following information is required **only if** custody or parent time is part of the case.

Child's name	Address (street, city, state, ZIP)	Dates child lived at this address	Name(s) of person(s) who lived with child at this address	Relationship(s) to child

2. Name of minor	Date of birth	Sex	Social Security Number
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Residential address*

The following information is required **only if** custody or parent time is part of the case.

Child's name	Address (street, city, state, ZIP)	Dates child lived at this address	Name(s) of person(s) who lived with child at this address	Relationship(s) to child

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3. Name of minor	Date of birth	Sex	Social Security Number
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Residential address*

The following information is required **only if** custody or parent time is part of the case.

Child's name	Address (street, city, state, ZIP)	Dates child lived at this address	Name(s) of person(s) who lived with child at this address	Relationship(s) to child

Petitioner or 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).

_____ Signature ► _____
 Date Printed Name _____

Attorney or Licensed Paralegal Practitioner of record (if applicable)

_____ Signature ► _____
 Date Printed Name _____