

My Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
E-mail \_\_\_\_\_

I am the ☐ Petitioner  
☐ Attorney for the Petitioner and my Utah Bar number is \_\_\_\_\_

In the Justice Court of Utah, Third Judicial District, Salt Lake County  
Salt Lake City Justice Court, 333 South 200 East, Salt Lake City, UT 84111

[www.slcgov.com/courts](http://www.slcgov.com/courts)

In Re Petition to Expunge the Records of

\_\_\_\_\_  
Petitioner

**Reply to Victim's Statement or Prosecutor's  
Statement or AP&P Response**

Case Number \_\_\_\_\_

Judge \_\_\_\_\_

**Instructions:** You may file a Reply **only** if the victim or the prosecutor has filed a statement or if Adult Probation and Parole has filed a response. This form is optional. You may file it, but you do not have to. If you file this form, you must do so within 15 days after the victim's statement or the prosecutor's statement or the AP&P response was served on you.

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

I say as follows:

(1) Statement made by the prosecutor, victim or Adult Probation and Parole that I disagree with.

(2) I disagree because:

Date \_\_\_\_\_ Sign here ► \_\_\_\_\_

Typed or printed name \_\_\_\_\_

### Certificate of Service

I certify that I served a copy of this Reply to Victim's Statement or Prosecutor's Statement or AP&P Response on the following people.

Person's Name	Method of Service	Served at this Address	Served on this Date
(Prosecutor)	<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) (if victim has filed statement)	<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.)		
(AP&P) (if AP&P has filed response)	<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 \_\_\_\_\_