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| **JDF 1414 (a)** | **Waiver of Service** | |
| **1. Court:**  District  Juvenile  Colorado County:  Mailing Address: | | Event Code: WAIV  *This box is for court use only.* |
| **2. Parties to the Case:**  Petitioner:  &  Respondent:  *(or Co-petitioner)* | |
| **3. Filed by:**  Name:  Mailing Address:  Phone  Email: | | **4. Case Details:**  Number:  Division:  Courtroom: |

**5. Respondent**

Do you need an interpreter?  No.  Yes, in *(language)* .

If *different* from Box 3 above, my *(the respondent’s)* contact information is:

Mailing Address: .

Phone: . Email: .

If this ever changes, file [JDF 1312 – Contact Information Change](https://www.courts.state.co.us/Forms/PDF/JDF1312.pdf).

**6. Accept Service**

I am the Respondent and have received and accept service of the Summons, Petition, and: *(check all that you received)*

Case Management Order.  Notice of Initial Status Conference.

Parenting Plan  Sworn Financial Statement.

Other: *(please identify)* .

This waiver does not mean I agree with the facts or requests made in the Petition. I reserve the right to receive notices of settings and the right to respond and appear in person.

**7. Next Step**

I understand that I must file [JDF 1420 – Response to the Petition](https://www.courts.state.co.us/Forms/PDF/JDF1420.pdf) within 21 days.

**Note!** That deadline extends to 35 days if served out-of-state or by publication.

**8. For Military Members**

Note: If you are active duty in the U.S. military, you can request a pause *(stay)* on these proceedings. See the Servicemembers Civil Relief Act (50 U.S.C. §520, et seq.). Please check with your base legal officer or other attorney.

If checked, I am a member of the military and decided to waive the stay provisions of the Servicemembers Civil Relief Act. I also waive my right to court-appointed counsel under the Act and permit the action to proceed.

**9. Verified Signature**

I declare under penalty of perjury under the law of Colorado that the foregoing is true and correct.

Executed on the  day of , , at

*(date) (month) (year)*

, .

*(city or other location, and state or country)*

Print Your Name:

Your Signature: