| JDF 1043 | **Waiver of Service** |
|---|---|

**1. District Court**

Colorado County: _____

Mailing Address: _____

**2. Parties to the Case**

Petitioner: _____

&

Respondent: _____

Clerk's Event Code: WAIV
*This box is for court use only.*

**3. Filed by**

Name: _____

Mailing Address: _____

    City: _____ St: ____ Zip: _____

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*.

**6.     Accept Service**

I am the Respondent and have received and accepted 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 must file *JDF 1045 – Response to the Petition* 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 on 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 *(date)* _____ day of *(month)* _____ *(year)* _____

at City: *(or other location)* _____

and State: *(or country)* _____

Print Your Name: _____

Your Signature: _____

Lawyer Signature: *(If any)* _____