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| District Court \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County, ColoradoCourt Address:In re:The Marriage of:The Civil Union of:Parental Responsibilities concerning:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Petitioner:  and Co-Petitioner/Respondent: | COURT USE ONLY Case Number:Division Courtroom |
|  WAIVER AND ACCEPTANCE OF SERVICE  |

I declare under oath that I am the Respondent in this case, that I have received and accept service of the Summons, a copy of the Petition, and if applicable, the Case Management Order, Notice of Initial Status Conference, and Other (Please identify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_in this case.

This waiver of service shall not be construed as an admission by me of the truth of the allegations in the Petition and I reserve the right to receive notices of settings and the right to respond and appear in person.

Note: If you are in the active military service of the United States of America, you may be entitled to request a temporary suspension of these proceedings under the Servicemembers Civil Relief Act (50 U.S.C. § 520, *et seq.*). Please consult with your base legal officer or the attorney of your choice.

I have decided to waive the stay provisions of the Servicemembers Civil Relief Act (50 U.S.C. § 520, *et seq.*) as well as my right to court-appointed counsel under the Act and permit the action to proceed. This waiver of service shall not be construed as an admission by me of the truth of the allegations in the Petition.

 By checking this box, I am acknowledging I am filling in the blanks and not changing anything else on the form.

 By checking this box, I am acknowledging that I have made a change to the original content of this form.

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**VERIFICATION**

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

Executed on the \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_

                           (date)              (month)                      (year)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(city or other location, and state OR country)

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Printed name of Respondent Signature of Respondent Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City State Zip Code

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