|  |  |
| --- | --- |
| **JDF 1414 (a)** | **Waiver of Service** |
| **1. Court:** [ ]  District [ ]  JuvenileColorado 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: