COMPLETE ONLY THE HIGHLIGHTED AREAS OF THIS FORM.

Note: If there is more than one Respondent in this case, you must serve each Respondent with a copy of the Petition, Summons and any other documents that you have filed with the Court.

☑ District Court ☐ Denver Juvenile Court				\neg
Pueblo County, Colorado				
Court Address:				
501 N. Elizabeth, Room 116 Pueblo, CO 81003				
In re the Parental Responsibilities concerning:				
Benny Wonka and Penny Wonka		A	A	
	<u></u>		RT USE ONLY	_
Petitioner: Willy Wonka (Parent who is filing the case) and	Cas	se Number:		
Respondent: Jane Wonka (Other parent)	Div	ision	Courtroom	
WAIVER AND ACCEPTANCE OF SERVICE				
Note: This form can only be signed by the Respondent to accept paperwork without personal service	(the other party)	and used if	the responded is will	ing
I declare under oath that I am the Respondent in this case, that I he have the Petition, and if applicable the Case Management Order, I Financial Statement and Other (Please identify):				
☐This waiver of service shall not be construed as an add I reserve the right to receive notices of settings and the right			—— allegations in the Petition a	and
Note: If you are in the active military service of the United Sta suspension of these proceedings under the Servicemembers Civil base legal officer or the attorney of your choice.				
☐I have decided to waive the stay provisions of the Sen as my right to court-appointed counsel under the Act and be construed as an admission by me of the truth of the al	permit the action t	o proceed. Th		
☐ By checking this box, I am acknowledging I am filling in the blan	nks and not changir	ıg anything els	se on the form.	
☐ By checking this box, I am acknowledging that I have made a c	hange to the origina	al content of th	nis form.	
The respondent parent can sign Waiver in	f willing to accept	paperwork w	rithout	
personal service. Signature must have witne				
VERIFICATION AND AC	KNOWI EDGI	-MENT		
I swear/affirm under oath that I have read the foregoing Wai set forth therein are true and correct to the best of my know	iver and Acceptan		e and that the statemer	nts
(Printed name of Respondent)	Signature of Res	pondent	Date	
Address	Phone number			
Subscribed and affirmed, or sworn to before me in the County of day of, 20		, State o	of,	this
My Commission Expires:	Nota	ary Public/Cle	rk	