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| District Court, \_\_\_\_\_\_\_ County, Colorado  **▲ Court Use Only ▲**  Court Address:  Phone Number:  SCHOOL DISTRICT \_\_\_\_\_\_\_\_\_  IN THE INTEREST OF:  Respondent Student  And Concerning  Respondent Parent/Guardian | Case Number:  Division: |
| **RETURN OF SERVICE** | |

I declare under oath that I am 18 years or older and not a party to the action and that I served a copy of the Order to Issue Contempt Citation and Citation to Show Cause and a copy of Verified Motion for Contempt Citation (Truancy) on Respondent\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (County) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (State) on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date) \_\_\_\_\_\_\_\_\_\_ (time) at the following location:

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

**By (Check one):**

By handing it to a person identified to me as the Respondent: (print name of person served).

By leaving it with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Type or write name legibly), who is designated to receive service for the Respondent because of the following relationship with the Respondent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as provided for in C.R.C.P. 4(e).

I attempted to serve the Respondent on \_\_\_\_\_\_\_ occasions but have not been able to locate the Respondent. Return to the Petitioner is made on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date).

I attempted to leave it with Respondent who refused service.

 Private process server \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Sheriff, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_County Signature of Process Server

Fee $ \_\_\_\_\_\_\_\_\_\_\_\_ Mileage $ \_\_\_\_\_\_\_\_

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

Name (Print or type)

Subscribed and affirmed, or sworn to before me in the County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

this \_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20 \_\_\_\_\_\_\_.

My Commission Expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Notary Public/Clerk