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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: |
| **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 Service members 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 Service members 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.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Respondent

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

Address

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

Phone Number

Subscribed and affirmed, or sworn to before me by in the County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, this \_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20 \_\_\_\_\_\_\_.

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