Full Name of Party Filing Document

Mailing Address (Street or Post Office Box)

City, State and Zip Code

Telephone

Email Address (if any)

IN THE DISTRICT COURT FOR THE JUDICIAL DISTRICT

FOR THE STATE OF IDAHO, IN AND FOR THE COUNTY OF

|  |  |
| --- | --- |
| ,  PETITIONER,  vs.  ,  RESPONDENT.  State of Idaho, Department of Health and Welfare | Case No.  ACKNOWLEDGMENT OF SERVICE |

I, , ⬜ Father ⬜ Mother, **or** ⬜ Deputy Attorney General for the Department of Health and Welfare in the above-entitled action, admit and acknowledge that service of a copy of the

was made on me because I received them on (date received) .

I certify that (check all that apply):

⬜ I am not in the uniformed services as defined by the Servicemembers Civil Relief Act; **or**

⬜I am in the uniformed services as defined by the Servicemembers Civil Relief Act. I understand and waive my rights under the Act; **or**

⬜I am in the uniformed services as defined by the Servicemembers Civil Relief Act. I do not waive my rights under the Act.

⬜ I submit to the jurisdiction of this court, decline to plead, waive hearing, and agree that a final decree or judgment be entered.

Date:

Signature

STATE OF IDAHO )

) ss.

County of )

On this day of , before me, the undersigned, a Notary Public in and for the State, personally appeared , known or identified to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that s/he executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and seal on the date last above written.

Notary Public for Idaho

Residing at

Commission expires