| 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 FOR THE STATE OF IDAHO, IN AND FOR T | | |
| | Case No. | |
| Petitioner, vs. | ACKNOWLEDGMENT OF SERVICE | |
| Respondent. | | |
| I, | , the Respondent Petitioner, | |
| admit and acknowledge that service of a copy | of the Petition, Summons, Order to | |
| Attend parent education program ☐ Joint Tem | nporary Restraining Order (Children) 🗌 Joint | |
| Temporary Restraining Order (Property) 🗌 oth | ner | |
| | | |
| was made on me because I received them on | (date received) | |
| I certify that: I am over the age of eighteen, I a | m mentally competent, I read and write the | |
| English language; and: | | |
| [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. | |
| ☐ I submit to this court's jurisdiction, decline to | plead, waive hearing, and agree that a |
| final decree be entered. | |
| Date: | |
| Sig STATE OF IDAHO) ss. County of) | nature |
| On this day of, before meter for the State, personally appeared known or identified to me to be the person whose instrument and acknowledged to me that s/he explain the state of the person whose instrument and acknowledged to me that s/he explain the state of th | e name is subscribed to the foregoing xecuted the same. et my hand and seal on the date last |
| | ary Public for Idaho siding at |
| Coi | mmission expires |