
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.

Case No. _____

ACKNOWLEDGMENT OF SERVICE

I, _____, the Respondent Petitioner,
admit and acknowledge that service of a copy of the Petition, Summons, Order to
Attend parent education program Joint Temporary Restraining Order (Children) Joint
Temporary Restraining Order (Property) other _____

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

I certify that: I am over the age of eighteen, I am 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: _____

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 _____