

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