
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 the _____ day of _____,
20____.

I certify that (check all that apply):

I am not in the uniformed services as defined by the Servicemembers Civil Relief Act of
2003; **or**

I am in the uniformed services as defined by the Servicemembers Civil Relief Act of 2003. I understand and waive my rights under the Act; **or**

I am in the uniformed services as defined by the Servicemembers Civil Relief Act of 2003. 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.

CERTIFICATION UNDER PENALTY OF PERJURY

I certify under penalty of perjury pursuant to the law of the State of Idaho that the foregoing is true and correct.

Date: _____

Typed/Printed Name

Signature