

PLEASE TYPE

_____ County, Colorado <input type="checkbox"/> District Court Court address: Phone Number: _____ In the Interest of: Petitioner: Respondent/Co-Petitioner:		▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address): Phone Number: _____ E-mail: _____ FAX Number: _____ Atty.Reg.#: _____		
		Case Number: _____ Division _____ Courtroom _____
WAIVER OF SERVICE		

I, _____, accept service on _____ (date) of the Summons and Verified Petition in this case, having received a copy of each and consent to the hearing held on the date set in the Summons or any date and time the case is continued for hearing.

Respondent

Subscribed under oath to before me on _____ (date).

 (Deputy) Clerk My Commission Expires _____
 Notary Public

RETURN OF SERVICE

State of _____ County of _____

I declare under oath that I served this summons and a copy of the petition in this case on the Respondent in _____ County on _____ (date) at the following location: _____

- by handing it to a person identified to me as the Respondent.
- by leaving it with the respondent who refused service.
- by leaving it with _____ designated to receive service for the Respondent.
- I am over the age of 18 years and am not interested in nor a party to this case.
- I attempted to serve the Respondent on _____ occasions but have not been able to locate the Respondent. I returned it to the Petitioner on _____ (date).

Signed under oath before me on _____ (date).

 Notary Public Deputy Clerk My commission expires: _____