Full Name of Party Filing This Document
Mailing Address (Street or Post Office Box)
City, State and Zip Code
Telephone Number
IN THE DISTRICT COURT OF THEJUDICIAL DISTRICT OF THE STATE OF IDAHO, IN AND FOR THE COUNTY OF
Plaintiff, vs. Defendant. Case No.: ACKNOWLEDGMENT OF SERVICE BY DEFENDANT
I,, the Defendant in the above-
entitled action, admit and acknowledge that service of a copy of the Complaint together with a
Summons [] Order to Attend parent education program [] Joint Temporary Restraining
Order (Children) [] Joint Temporary Restraining Order (Property) [] other
<u> </u>
was made on me because I received them on theday of, 20 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 of
2003, or

[] I am in the uniforme	ed services as de	fined by the Servicemembers Civil Relief Act of 2003.
I understand and waive	my rights under t	he Act.
[] I submit to the jurise	diction of this cou	ırt, decline to plead, waive hearing, and agree that a
final decree be entered.		
DATE:, 2	20	
		Defendant
STATE OF)	
STATE OF) ss.)	
On this	day of	, 20, before me, the undersigned, a
Notary Public in and for	the State, person	ally appeared,
known or identified to me	e to be the perso	n whose name is subscribed to the foregoing
instrument as the Defen	dant and acknow	ledged to me that s/he executed the same.
		hereunto set my hand and seal on the date last above
written.	izitzor, mavo	norealite cottiny mane and coal on the date last above
Witton.		
		NOTARY PUBLIC
		Residing at My Commission Expires:
		My Commission Expires: