

JDF 1013	<b>Waiver of Service</b>	
<b>1. District Court</b> Colorado County: _____ Mailing Address: _____	Clerk's Event Code: WAIV <i>This box is for court use only.</i>	
<b>2. Parties to the Case</b> Petitioner: _____ & Respondent: _____		
<b>3. Filed by</b> Name: _____ Mailing Address: _____ City: _____ St: _____ Zip: _____ Phone _____ Email: _____	<b>4. Case Details</b> Number: _____ Division: _____ Courtroom: _____	

**5. Respondent**

Do you need an interpreter?       No.       Yes, in *(language)* \_\_\_\_\_

If *different* from Box 3 above, my *(the respondent's)* contact information is:

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

If this ever changes, file *JDF 1312 – Contact Information Change*.

**6. Accept Service**

I am the Respondent and have received and accept service of the Summons, Petition, and:  
*(check all that you received)*

- Case Management Order.       Notice of Initial Status Conference.
- Parenting Plan.       Sworn Financial Statement.
- Other: *(please identify)* \_\_\_\_\_

This waiver does not mean I agree with the facts or requests made in the Petition. I reserve the right to receive notices of settings and the right to respond and appear in person.

**7. Next Step**

I understand that I must file *JDF 1015 – Response to the Petition* within 21 days.

**Note!** That deadline extends to 35 days if served out-of-state or by publication.

**8. For Military Members**

**Note:** If you are active duty in the U.S. military, you can request a pause (*stay*) on these proceedings. See the Servicemembers Civil Relief Act (50 U.S.C. §520, et seq.). Please check with your base legal officer or other attorney.

If checked, I am a member of the military and decided to waive the stay provisions of the Servicemembers Civil Relief Act. I also waive my right to court-appointed counsel under the Act and permit the action to proceed.

**9. Verified Signature**

I declare under penalty of perjury under the law of Colorado that the foregoing is true and correct.

Executed on the *(date)* \_\_\_\_\_ day of *(month)* \_\_\_\_\_, *(year)* \_\_\_\_\_  
at City: *(or other location)* \_\_\_\_\_  
and State: *(or country)* \_\_\_\_\_

Print Your Name: \_\_\_\_\_

Your Signature: \_\_\_\_\_

Lawyer Signature: *(If any)* \_\_\_\_\_