

<b>JDF 1034</b>	<b>Return of Service</b>
<b>A. Court</b> <input type="checkbox"/> District <input type="checkbox"/> Denver Juvenile Colorado County: _____ Court Address: _____	Clerk's Event Code: RTSV <i>This box is for court use only.</i>
<b>B. Parties to the Case</b> Petitioner: _____ & Respondent: _____	
<b>C. Case Details</b> Number: _____ Division: _____ Courtroom: _____	

\_\_\_\_\_ **The Server fills out the rest of this form.** \_\_\_\_\_

**1. My Information**

I am:

- a) 18 years or older and not a party to the action. And:
- b) A private process server. Or,
- c) A (Deputy) Sheriff for \_\_\_\_\_ County.

**2. Documents Served**

I served the Summons, Petition, Case Information Sheet, and if applicable: *(Check all that apply)*

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

**3. Where and When Served**

I served the documents above on the Respondent in

County: \_\_\_\_\_ State: \_\_\_\_\_

On: *(date)* \_\_\_\_\_ at *(time)* \_\_\_\_\_

At the following location: \_\_\_\_\_

**4. How Served**

I delivered the documents by: *(check one)*

- By handing them to *(print name)* \_\_\_\_\_, a person identified to me as the Respondent.
- By leaving them with *(print name)* \_\_\_\_\_ who is designated to receive service for the Respondent because of the following relationship with the Respondent: \_\_\_\_\_
- I attempted to serve the Respondent on *(number)* \_\_\_\_\_ occasions but have been unable to locate the Respondent. Return to the Petitioner is made on *(date)* \_\_\_\_\_
- I attempted to leave them with the Respondent or someone I believed to be the Respondent. I identified the documents I was trying to serve, but they refused service.

**5. Service Fees**

I charged the following fees:

Base Fee \$ \_\_\_\_\_ Mileage \$ \_\_\_\_\_

**6. 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)* \_\_\_\_\_