

\_\_\_\_\_  
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 THE \_\_\_\_\_ JUDICIAL DISTRICT OF  
THE STATE OF IDAHO, IN AND FOR THE COUNTY OF \_\_\_\_\_

\_\_\_\_\_,  
Father

\_\_\_\_\_,  
Mother

\_\_\_\_\_  
State of Idaho, Department of Health and Welfare

Case No.: \_\_\_\_\_

ACKNOWLEDGMENT OF SERVICE

I, \_\_\_\_\_, the [ ] Father/ [ ] Mother in the  
above-entitled action, admit and acknowledge service of a copy of the Motion to Modify an  
Order or Decree together with a Notice of Modification Motion 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

