
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 []
on behalf of the Department of Health and Welfare in the above-entitled action, admit and
acknowledge that service of a copy of the _____
_____ 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

