

Person Filing: _____

Address (if not protected): _____

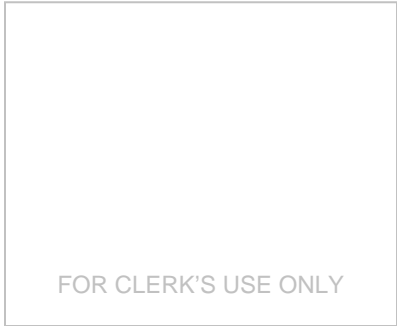
City, State, Zip Code: _____

Telephone: _____

Email Address: _____

Lawyer's Bar Number: _____

Representing Self, without a Lawyer or Attorney for Petitioner OR Respondent



SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

IN THE MATTER OF:

Case Number: _____

ACCEPTANCE OF SERVICE A.R.C.P. 4(f)

(Names of Children)

THE PERSON WHO SIGNED BELOW STATES UNDER OATH OR AFFIRMATION:

1. **ACCEPT AND WAIVE FORMAL SERVICE.** I voluntarily accept and waive formal service by process server or sheriff of the court papers listed below and understand by accepting these papers it is the same as if I were personally served under Arizona law.

(Below: Check the boxes to indicate documents received. If papers received are **not** for a Dependency or to Terminate Parental Rights, check the box for "Other", list the type of case and the name of documents received (example: "Petition" or "Notice of Hearing"). Do not check the box unless you received the document.)

JUVENILE DEPENDENCY

TERMINATE PARENTAL RIGHTS

OTHER _____

Petition

Petition _____

Notice of Hearing

Notice of Hearing _____

Findings and Temporary Orders

Orders Setting Initial Hearing _____

2. **DOES NOT INDICATE AGREEMENT.** I understand that accepting service does not affect my right to appear at the hearing or file papers with the Court to disagree with what is stated or requested.

3. ATTEND THE HEARING. I understand that if I do not attend the hearing that I may lose my right to be heard in this case. I understand that failure to appear at the hearing could result in the Court giving the other party any and all things requested in his or her legal papers.

4. MILITARY SERVICE. I am not in the military forces of the United States of America in any capacity or I waive the protection of the Service Members Civil Relief Act.

Date

Signature of Person Accepting Service

Printed Name of Person Accepting Service

STATE OF _____

COUNTY OF _____

Subscribed and sworn to or affirmed before me this: _____ by
(date)

_____.

(notary seal)

Deputy Clerk or Notary Public