❑ District Court ❑ Denver Juvenile Court _____ County, Colorado Court Address: In the Interest of: Petitioner: v. Respondent:	▲ **COURT USE ONLY** ▲
Attorney or Party Without Attorney (Name and Address): Phone Number: E-mail: FAX Number: Atty. Reg. #:	Case Number: Division Courtroom
WAIVER OF SERVICE	

I, _____, accept service on _____ (date) of the Summons and Verified Petition in this case, having received a copy of each and consent to the hearing held on the date set in the Summons or any date and time the case is continued for hearing.

VERIFICATION

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

Executed on the _____ day of _____, _____
(date) (month) (year)

_____
(city or other location, and state OR country)

_____ _____
Printed name of Respondent Signature of Respondent Date

_____
City State Zip Code

_____
Home Phone Cell Phone