

Acceptance of Service



Case Number: _____

Court: _____

County: _____ State: _____

Petitioner *(person who asked for the protective order):*

First Middle Last

Petitioner's Address and Phone # *(to keep private, leave blank):*

Street City State Zip Phone # ()

Respondent *(person Petitioner asked to be protected from):*

First Middle Last

To the Respondent:

By signing below, you accept service of the documents checked below and waive personal service of these documents:

- | | | |
|-------------------------------------------------------------|----------------------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Request for Protective Order | <input type="checkbox"/> Request for Modified Protective Order | <input type="checkbox"/> Temporary Protective Order |
| <input type="checkbox"/> Protective Order | <input type="checkbox"/> Modified Protective Order | <input type="checkbox"/> Electronic Monitoring Order |
| <input type="checkbox"/> Request for Child Protective Order | <input type="checkbox"/> Temporary Modified Protective Order | <input type="checkbox"/> Other: _____ |

Respondent's Signature _____ Date: _____

Respondent's Address:

Street
City State Zip