

Name of Person Filing Document: _____
Address: _____
City, State, Zip Code: _____
Daytime/Evening Telephone Number: _____
Attorney Bar Number (if applicable): _____
Representing Self or Attorney for: _____

FOR CLERK'S USE ONLY

**SUPERIOR COURT OF ARIZONA
IN MARICOPA COUNTY**

IN THE MATTER OF

Case Number: _____

(Names of Children)

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

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

- Petition
 Notice of Hearing
 Findings and Temporary Orders

TERMINATE PARENTAL RIGHTS

- Petition
 Notice of Hearing
 Orders Setting Initial Hearing

OTHER _____

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

Affirmed before me this: _____ by _____
(Date)

Printed Name of Person Accepting Service

Notary Signature (above)

Michael K. Jeanes, Clerk of Superior Court

My Commission Expires: _____
(or SEAL (below))

Deputy Clerk