

Person Filing: \_\_\_\_\_

Address (if not protected): \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Lawyer's Bar Number: \_\_\_\_\_

Licensed Fiduciary Number: \_\_\_\_\_

Representing  Self, without a Lawyer OR  Attorney for \_\_\_\_\_

FOR CLERK'S USE ONLY

## 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