

STATE OF VERMONT
SUPERIOR COURT
Unit

FAMILY DIVISION
Case No. _____

<i>Plaintiff</i>	<i>Date of Birth</i>	VS	<i>Defendant</i>	<i>Date of Birth</i>
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ACCEPTANCE OF SERVICE

I hereby accept service of the:

<input type="checkbox"/> Summons and Complaint for: <input type="checkbox"/> Divorce <input type="checkbox"/> Legal Separation <input type="checkbox"/> Parentage <input type="checkbox"/> Annulment <input type="checkbox"/> Civil Union Dissolution <input type="checkbox"/> Parentage Affidavit <input type="checkbox"/> Military Affidavit <input type="checkbox"/> Affidavit of Child Custody <input type="checkbox"/> Pro Se Appearance by <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant <input type="checkbox"/> Completed Financial Affidavit (<i>forms 400-00813A, 400-00813B, 400-00813S</i>) by <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant <input type="checkbox"/> Blank Financial Affidavit (<i>forms 400-00813A, 400-00813B, 400-00813S</i>) <input type="checkbox"/> Blank Answer/Counter Claim/Notice of Appearance <input type="checkbox"/> Blank Motion Response form	<input type="checkbox"/> Notice of Attorney Appearance <input type="checkbox"/> Affidavit to Support Filing <input type="checkbox"/> Affidavit of Non-Compliance <input type="checkbox"/> Public Defender Application <input type="checkbox"/> Hearing Cancellation Notice <input type="checkbox"/> Notice of Hearing <input type="checkbox"/> Information Sheet <input type="checkbox"/> Vermont Department of Health Form <input type="checkbox"/> Other:
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ORDER(S): <input type="checkbox"/> Child Support <input type="checkbox"/> Amended <input type="checkbox"/> Interim <input type="checkbox"/> Temp <input type="checkbox"/> Final <input type="checkbox"/> Proposed <input type="checkbox"/> PRR/PCC <input type="checkbox"/> Amended <input type="checkbox"/> Interim <input type="checkbox"/> Temp <input type="checkbox"/> Final <input type="checkbox"/> Proposed <input type="checkbox"/> Parentage <input type="checkbox"/> Entry Order Re: MPR # <input type="checkbox"/> Scheduling Order <input type="checkbox"/> Interim Domestic Order <input type="checkbox"/> Order to Attend Pro Se Education <input type="checkbox"/> Order to Attend COPE Education Program <input type="checkbox"/> QDRO (Qualified Domestic Relations Order) <input type="checkbox"/> Genetic Testing <input type="checkbox"/> Final Order: Divorce, Parentage, Dissolution, Legal Separation, etc. <input type="checkbox"/> Other:	MOTION(S): <input type="checkbox"/> Enforce <input type="checkbox"/> Child Support <input type="checkbox"/> Final Order <input type="checkbox"/> PRR <input type="checkbox"/> PCC <input type="checkbox"/> Spousal Maintenance <input type="checkbox"/> Modify <input type="checkbox"/> Child Support <input type="checkbox"/> PRR <input type="checkbox"/> PCC <input type="checkbox"/> Spousal Maintenance <input type="checkbox"/> Request for License Suspension <input type="checkbox"/> Contempt <input type="checkbox"/> Child Support <input type="checkbox"/> Other <input type="checkbox"/> To Show Cause – Civil Contempt <input type="checkbox"/> Vacate Order <input type="checkbox"/> Dismiss <input type="checkbox"/> For Emergency Relief <input type="checkbox"/> Other:
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I waive all other forms of service.

Date

Plaintiff/Defendant Signature

Plaintiff
 Defendant

**PLEASE DATE AND SIGN THIS ACCEPTANCE OF SERVICE AND RETURN TO THE COURT.
THE OTHER DOCUMENTS ARE FOR YOUR RECORDS.**