

**STATE OF VERMONT**

**SUPERIOR COURT**  
**Unit**

**FAMILY DIVISION**  
**Case No. \_\_\_\_\_**

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

**I hereby accept service of the:**

<input type="checkbox"/> <b>Summons and Complaint for:</b> <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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<b>ORDER(S):</b> <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:	<b>MOTION(S):</b> <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.**