

IN THE IOWA DISTRICT COURT FOR \_\_\_\_\_ COUNTY

<p>_____  _____  _____  _____  Petitioner,  vs.  _____  _____  Respondent</p> <p><input type="checkbox"/> _____  _____  _____</p>	<p>NO. _____</p> <p style="text-align: center;"><b>WAIVER OF PERSONAL SERVICE  AND CONSENT TO JURISDICTION</b></p>
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I, \_\_\_\_\_, being of legal age, accept service of the attached \_\_\_\_\_ and acknowledge receipt of a copy on the date below.

By my signature below, I waive any formal requirements of service of the \_\_\_\_\_ as may otherwise be required by Iowa Code and the Iowa Rules of Civil Procedure.

**I consent to the personal jurisdiction of the Iowa court and agree the Iowa court has authority over this action.**  I understand the Iowa court will hold a hearing if a Respondent or the Petitioner asks for one. I also understand that any order resulting from this action will be presented to the Iowa court for approval. [Optional paragraph – include for Admin and Adpat processes; exclude for Patest process]

By signing this waiver, I agree and request that Child Support Recovery Unit (the Unit) send subsequent motions or any other document to an address I give to the Unit. I also agree to accept service of all documents related to this action and agree the Unit can send further orders to me by first class mail. I further agree to promptly notify the Unit of any change in my address.

Dated this \_\_\_\_ day of \_\_\_\_\_, year \_\_\_\_\_.

\_\_\_\_\_  
Signed

State of Iowa  
County of \_\_\_\_\_

Signed (or attested) before me on \_\_\_\_\_ (Date)

By \_\_\_\_\_ (Name of Individual)

\_\_\_\_\_  
Notary Public in and for the State of \_\_\_\_\_

**NOTICE:** If you are going to have an attorney represent you, promptly advise the attorney that you have accepted service of this notice. This is your notification that time frames governing this action begin as of the date of your signature on this waiver.