

IN THE IOWA DISTRICT COURT FOR _____ COUNTY

<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Petitioner,</p> <p>vs.</p> <p>_____</p> <p>_____</p> <p>Respondent.</p>	<p>NO. _____</p> <p>ACCEPTANCE OF SERVICE OF APPLICATION FOR REINSTATEMENT OF SUPPORT</p>
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COMES NOW _____, being of legal age, and accepts timely legal service of the Application for Reinstatement of Support in the above entitled action. I hereby acknowledge that I received a copy of the Application and the attached Original Notice at the time and place set forth below. I submit to the personal jurisdiction of the District Court. Dated this ____ day of _____, ____.

Signature: _____

SUBSCRIBED AND SWORN TO before me this ____ day _____, ____.

Notary Public In and For the State of Iowa

My Commission Expires _____, ____.

NOTICE: You are hereby notified that unless, **within ten (10) days after** service of the Original Notice and Application for Reinstatement of Support upon you, you serve, and within a reasonable time thereafter file, a motion or answer in the Iowa District Court for _____ County at the county courthouse in _____, Iowa, _____, judgment by default will be rendered against you for the relief demanded in the Application for Reinstatement of Support. The attorney who is expected to represent the above named person should be promptly advised by that person of the acceptance of this service.

Location of Acceptance of Service: _____

Time: _____

Child Support Recovery Unit

Telephone

(____) _____