

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 - ORIGINAL NOTICE WAIVED</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 I received a copy of the Application at the time and place set forth below. I specifically waive any formal requirements of service of the Original Notice as may otherwise be required by the Iowa Rules of Civil Procedure. I submit to the personal jurisdiction of the District Court.

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

Signature: \_\_\_\_\_

SUBSCRIBED AND SWORN TO before me this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
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 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: (\_\_\_\_\_) \_\_\_\_\_