



4. **Restrained without at least fourteen days advance notification and the written consent of the other party or an Order of the Court, from canceling, modifying, terminating, or allowing to lapse for nonpayment of premiums, any policy of health insurance, homeowner's or renter's insurance, or automobile insurance that provides coverage to either of the parties or the minor children or any policy of life insurance that names either of the parties or the minor children as a beneficiary.**

DATE: \_\_\_\_\_

\_\_\_\_\_  
 Signature of the [Deputy] Clerk of Court

\_\_\_\_\_  
 Signature of the Attorney for the Petitioner (if any)  
type name, address, telephone number, and  
bar registration

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**WAIVER AND ACCEPTANCE OF SERVICE**

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I declare under oath that I am the Respondent in this case; that I received and accepted service of the Summons and Petition in this case; that I waive any other service, and consent to the jurisdiction of this court to determine all issues raised in the pleadings as if I were served by personal service within the State of Colorado.

Check one:

I am not in the military service. This waiver of service is not to be construed as an admission by me of the truth of the allegations in the Petition and I reserve the right to receive notices of settings and the right to respond and appear in person if I wish.

OR

I am in the active military service of the United States of America. After consultation with the base legal officer or other counsel of my choice, I waive the provisions of the Soldier's and Sailor's Relief Act of 1942, as amended, including my right to court-appointed counsel, and permit the action to proceed without further notice to me.

\_\_\_\_\_  
Signature of Respondent

Date

Signed under oath before me on \_\_\_\_\_

My commission expires \_\_\_\_\_

\_\_\_\_\_  
Notary Public/Address

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**RETURN OF SERVICE**

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

I declare under oath that I served this Summons and a copy of the Petition in this case on the Respondent in \_\_\_\_\_ County \_\_\_\_\_ on \_\_\_\_\_ (date) at \_\_\_\_\_ at the following location: \_\_\_\_\_

Check one:

- By handing it to a person identified to me as the Respondent.
- By leaving it with the Respondent who refused service.
- By leaving it with \_\_\_\_\_ designated to receive service for the Respondent.
- I am over the age of 18 years and am not interested in nor a party to this case.
- I attempted to serve the Respondent on \_\_\_\_\_ occasions but have not been able to locate the Respondent.  
Return to the Petitioner is made on \_\_\_\_\_ (date).

Signed under oath before me on \_\_\_\_\_ (date)  
My commission expires \_\_\_\_\_

\_\_\_\_\_  
Notary Public/Address

\_\_\_\_\_  
 Private process server  
 Sheriff, \_\_\_\_\_ County