

IN THE CIRCUIT COURT OF THE STATE OF OREGON
FOR THE COUNTY OF LINN

In the Matter of:)	
)	
_____)	Case No. _____
Petitioner,)	
and)	ACCEPTANCE OF SERVICE
)	
_____)	
Respondent.)	
STATE OF _____)	
)	ss.
County of _____)	

I, _____, being first duly sworn, say: I am the respondent in this matter and on _____ I received a true copy of the Petition and Summons, Notice of continuation of health coverage, a
Date of Acceptance
copy of ORS 107.089, and parent training packet or Other _____
in the County of _____, State of _____.

Certificate of Document Preparation. You are required to truthfully complete this certificate regarding the document you are filing with the court. Check all boxes and complete all blanks that apply:

- I selected this document for myself and I completed it without paid assistance.
- I paid or will pay money to _____ for assistance in preparing this form.

Signature of <input type="checkbox"/> Petitioner/ <input type="checkbox"/> Respondent	Print Name
---	------------

Contact Address	City, State, Zip	Contact Telephone
-----------------	------------------	-------------------

SIGNED AND SWORN to before me this _____ day of _____, 20_____.

Notary Public for _____/Court Clerk
My Commission Expires: _____