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 ☐Petitioner/☐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: _____