

within 20 days after the date it was mailed to you, as shown below. You may retain the other enclosed copy of this form for your records.

By signing the Acknowledgment, you are agreeing to be served by mail instead of by the Sheriff. It does not mean that you agree to the contents of the Petition, and it does not take away any of your rights to contest the Petition.

If you decide to complete and return this form, you must sign and date the Acknowledgment below, and return it in the enclosed stamped return envelope.

If you do not complete and return this form to the sender within 20 days after the date it was mailed to you, as shown below, you may be required to pay any expenses incurred in serving the enclosed documents in any other manner permitted by law.

If you do complete and return this form, you must answer the Petition within 20 days after the date of signature which you place on the Acknowledgment below. If you fail to answer the complaint within the foregoing 20 day period, judgment by default will be taken against you for the relief demanded in the Petition.

CERTIFICATE OF MAILING

I declare under penalty of perjury that two copies of this Notice and Acknowledgment of Receipt of Summons and Petition, a stamped return envelope, and the following documents:

- Summons
- Petition for Establishment of Permanent Parenting Plan
- Petitioner's Proposal for Parenting Plan
- _____

were sent to the Respondent by first class mail, postage prepaid on the _____ day of _____, 20____.

Date of Signature

Signature of Petitioner *Pro Se*

ACKNOWLEDGMENT OF RECEIPT

I declare, under penalty of perjury, that I am the Respondent and that I accept service in this action of the following:

- Summons
- Petition for Establishment of Permanent Parenting Plan
- Petitioner's Proposal for Parenting Plan
- _____
- _____

and that I received a copy of these documents in the above captioned matter at (*address*):

_____ on the
_____ day of _____, 20_____.

Date of Signature

Respondent's Signature

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

(Seal)

Name (*printed*): _____
Notary Public for the State of Montana.
Residing at _____
My Commission Expires _____