

**Kalispel Indian Community of Kalispel Reservation  
Kalispel Tribal Court**

In re:

Petitioner/s *(person/s who started this case)*:

\_\_\_\_\_

And Respondent/s *(other party/parties)*:

\_\_\_\_\_

No. \_\_\_\_\_

Service Accepted  
(ACSR)

**Service Accepted**

**1.** I am *(name)*: \_\_\_\_\_. I accept service of the following documents *(check all that apply)*:

*(The most common documents are listed below. Check only those documents that were served. Use the "Other" boxes to write in the title of each document served that is not already listed.)*

<input type="checkbox"/> Petition to/for _____	
<input type="checkbox"/> Summons	<input type="checkbox"/> Notice of Hearing _____
<input type="checkbox"/> Order Setting Case Schedule	<input type="checkbox"/> Motion for Temporary Family Law Order <input type="checkbox"/> and Restraining Order
<input type="checkbox"/> Notice Re Military Dependents	<input type="checkbox"/> Proposed Temporary Family Law Order
<input type="checkbox"/> Proposed Parenting Plan	<input type="checkbox"/> Motion for Immediate Restraining Order (Ex Parte)
<input type="checkbox"/> Proposed Child Support Order	<input type="checkbox"/> Immediate Restraining Order (Ex Parte) and Hearing Notice
<input type="checkbox"/> Proposed Child Support Worksheets	<input type="checkbox"/> Restraining Order
<input type="checkbox"/> Sealed Financial Documents	<input type="checkbox"/> Motion for Contempt Hearing
<input type="checkbox"/> Financial Declaration	<input type="checkbox"/> Order to Go to Court for Contempt Hearing
<input type="checkbox"/> Declaration of: _____	<input type="checkbox"/> Other: _____

<input type="checkbox"/> Declaration of: _____	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Declaration of: _____	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

**2. Personal Jurisdiction** (*check one*):

- I **agree** this court has jurisdiction over me (or my client) for this case.  
 I **do not agree** this court has jurisdiction over me (or my client) for this case because:

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

Signing this form means you agree that you have *received* the court papers for this case. It does not mean that you *agree* with the papers.

If you sign below, you must also list an address where you agree to accept legal papers for this case. This may be a lawyer's address or any other address.

\_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_  
*Sign here* *Print name (if lawyer, also provide WSBA #)* *Date*

\_\_\_\_\_  
*street address or P.O. box* *city* *state* *zip*

**(Optional)** email: \_\_\_\_\_

*(If this address changes before the case ends, you **must** notify all parties and the court clerk in writing. You should file the Notice of Address Change form (FL All Family 120). You must also update your Confidential Information form (FL All Family 001) if this case involves parentage or child support.)*

I am the lawyer for (*name*): \_\_\_\_\_