

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ EMAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO <input type="checkbox"/> CENTRAL DIVISION, JUVENILE COURT, 2851 MEADOW LARK DR., SAN DIEGO, CA 92123 <input type="checkbox"/> NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA 92081	
IN THE MATTER OF THE PETITION OF:	
NOTICE AND ACKNOWLEDGMENT OF RECEIPT (ADOPTIONS)	CASE NUMBER _____

(Sender completes items 1 through 3 and signs before mailing. Recipient completes items 4 and 5, signs, then returns)

1. To (name of individual being served): _____

NOTICE

The documents identified below are being served on you by mail with this acknowledgment form. You must personally sign, or a person authorized by you must sign, this form to acknowledge receipt of the documents.

If the documents described below include a citation and you fail to complete and return this acknowledgment form to the sender within 20 days of the date of mailing, you will be liable for the reasonable expenses incurred after that date in serving you or attempting to serve you with these documents by any other methods permitted by law. If you return this form to the sender, service of a citation is deemed complete on the date you sign the acknowledgment of receipt below. This is **not** an answer to the action. If you do not agree with what is being requested, you must appear in court on the date stated on the citation.

2. Date of mailing (specify): _____

3. _____
 Type or print sender's name Signature of sender – must not be a party in this case
and must be 18 years or older

ACKNOWLEDGMENT OF RECEIPT

4. I received the following:

- a. Petition for Termination of Parental Rights (SDSC Form #JUV-243)
- b. Citation for Termination of Parental Rights (SDSC Form #JUV-281)
- c. Petition for Freedom From Parental Custody and Control (SDSC Form #JUV-245)
- d. Citation for Freedom From Parental Custody and Control (SDSC Form #JUV-282)
- e. Other (specify): _____

5. Recipient signed this acknowledgment on (specify date): _____

 Type or print name of person acknowledging receipt

 Signature of person acknowledging receipt