IN THE SUPERIOR COURT OF FULTON COUNTY STATE OF GEORGIA FAMILY DIVISION

| Plaintiff/Petitioner, | Civil Action | |
|---|--|--|
| V. | Case Number | |
| , Defendant/Respondent. | | |
| ACKNOWLEDGMENT OF SERVICE, CONSENT TO JURISDICTION AND VENUE, AND CONSENT TO PRESENT CASE | | |
| [Check or initial all that apply. Cross out the sections that do not apply.] I am the Defendant/Respondent in this case. I hereby acknowledge that I have received a copy of the [insert name of document], and the following other documents: | | |
| | | |
| I am the Defendant/Respondent in the received a copy of the consent to both jurisdiction and venue as they long as any <i>Judgment</i> in this action incorporation I waive formal process, further notice, in the armed forces, I also waive my rights under USC App. §521. I give my consent for the Cafter thirty-one days. | y are stated in the <i>Complaint/Petition</i> . So ates the <i>Settlement Agreement</i> I have signed, my right to trial and, if I am on active duty in er the Servicemembers Civil Relief Act, 50 | |
| I am the Defendant/Respondent in the received a copy of the consent to both jurisdiction and venue as they waive formal service of process. If I am on a my rights under the Servicemembers Civil Respondent in the received a copy of the consent to both jurisdiction and venue as they waive formal service of process. If I am on a my rights under the Servicemembers Civil Respondent in the received a copy of the | y are stated in the <i>Complaint/Petition</i> . I active duty in the armed forces, I also waive | |
| I give my consent for the Court to he thirty-one days. | near this matter as soon as possible after | |

| Should further notice be requi | ired for any reason, the notice should be mailed to |
|--------------------------------|--|
| me at the following address: | · |
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| | |
| | Defendant/Respondent, Pro se (Signature) |
| | Name: |
| | |
| | Email: |
| | IF YOU DO NOT HAVE AN EMAIL |
| | ADDRESS, YOU MUST COMPLETE A CERTIFICATE OF NO EMAIL ADDRESS |
| | Phone: |
| | |
| | |
| | |
| Sworn to and subscribed before | |
| me on | |
| Notary Public | |