

Acceptance of Service

Service Form 3a

Acceptance of Service

The numbers on these instructions correspond with the numbers in the boxes on the form. Use the form with the boxes to guide you through filling out the blank form.

Box 1: Print the name of the county in which you filed.

Box 2: Print the name of the plaintiff exactly as it appears on the Complaint.

Box 3: Print the docket number that the office where legal pleadings are filed wrote on Complaint at the time of filing.

Box 4: Print the name of the defendant exactly as it appears on the Complaint.

THE DEFENDANT MUST COMPLETE THE FORM.

File this form in the office where legal pleadings are filed.

IN THE COURT OF COMMON PLEAS OF 1 COUNTY, PENNSYLVANIA
 CIVIL ACTION

2

 Plaintiff

4 vs.

 Defendant

Case No. 3

.....
 :
 :
 :
 :
 :
 :
 :

ACCEPTANCE OF SERVICE

I accept service of the:

 Divorce: Divorce Complaint, Notice to Defend and Claim Rights, and
 Notice of Availability of Counseling

 Custody: Custody Complaint, Notice to Defend, and Criminal Record / Abuse
 History Verification

Date: _____

_____ Defendant's Signature

IN THE COURT OF COMMON PLEAS OF _____ COUNTY, PENNSYLVANIA
CIVIL ACTION

Plaintiff
:
:
:
vs. No. _____
:
:
:

Defendant
:

ACCEPTANCE OF SERVICE

I accept service of the:

___ **Divorce:** Divorce Complaint, Notice to Defend and Claim Rights, and
Notice of Availability of Counseling

___ **Custody:** Custody Complaint, Notice to Defend, and Criminal Record / Abuse
History Verification

Date: _____

Defendant's Signature

**IN THE COURT OF COMMON PLEAS FOR ADAMS COUNTY, PENNSYLVANIA
CIVIL ACTION - LAW**

Name	PLAINTIFF	:	
		:	
	vs.	:	CASE NO. _____
		:	
		:	
Name	DEFENDANT 1	:	
		:	
	and (if applicable)	:	
		:	
		:	
Name	DEFENDANT 2	:	

CERTIFICATE OF COMPLIANCE

I certify that this filing complies with the provisions of the *Case Record Public Access Policy of the Unified Judicial System of Pennsylvania: Case Records of the Appellate and Trial Courts* that require filing confidential information and documents differently than non-confidential information and documents.

Signature: _____
Petitioner

Date: _____

Print Name: _____