

VERIFICATION

I, (SERVICE MEMBER RANK, FULL NAME), Defendant, state that the statements contained in this Waiver of Rights Under the Servicemembers Civil Relief Act and Entry of Appearance and Consent to Jurisdiction are true and correct to my knowledge and belief.

Service Member Rank, Full Name

STATE OF _____)
) ss
COUNTY OF _____)

On this _____ day of _____, 20____, (SERVICE MEMBER RANK, FULL NAME), personally appeared before me, a Notary Public for the aforesaid state and county, _____, to me well -known or satisfactorily proven, who stated that the statements in the foregoing Waiver of Rights Under the Servicemembers Civil Relief Act and Entry of Appearance and Consent to Jurisdiction were true and correct to the best of (his/her) knowledge and belief.

SUBSCRIBED AND SWORN TO before me this ____ day of _____, _____.

Notary Public

My Commission Expires:

(S E A L)

IMPORTANT NOTICE: This is a sample Waiver of Rights under the Servicemembers Civil Relief Act and Entry of Appearance and Consent to Jurisdiction. It is based on a general law which applies throughout the U.S. However, each state has its own rules of court. These rules include standards about the contents and formatting of court pleadings. Consult with your local court about local rules before using this sample Form and the attached information.

IMPORTANT NOTICE: This document may result in waiving some of the protections and benefits provided to you under federal law.

SAMPLE