
Full Name of Party Filing This Document

Mailing Address (Street or Post Office Box)

City, State and Zip Code

Telephone Number

IN THE DISTRICT COURT OF THE _____ JUDICIAL DISTRICT OF
THE STATE OF IDAHO, IN AND FOR THE COUNTY OF _____

_____,
Plaintiff,
vs.
_____,
Defendant.

Case No.: _____

ACKNOWLEDGMENT OF SERVICE

I, _____, the [] Plaintiff [] Defendant
in the above-entitled action, admit and acknowledge that service of a copy of the _____
_____ was
made on me because I received them on the _____ day of _____, 20____.

I certify that **[check all that apply]:**

[] I am not in the uniformed services as defined by the Servicemembers Civil Relief Act
of 2003; or

[] I am in the uniformed services as defined by the Servicemembers Civil Relief Act of
2003. I understand and waive my rights under the Act; or

[] I am in the uniformed services as defined by the Servicemembers Civil Relief Act of
2003. I do not waive my rights under the Act.

