

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.: _____

AFFIDAVIT OF SERVICE

STATE OF _____)
) ss.
County of _____)

I swear under oath:

1. I am a resident of _____ County, State of _____, over
the age of eighteen (18) years, and not a party to the above-entitled action.

2. On the _____ day of _____, _____, I personally
served copies of the Summons, Complaint,

[] Joint Temporary Restraining Order (Property)

[] Order to Attend the parent education program

[] Joint Temporary Restraining Order (Children)

on _____, the above-named Defendant, in the County of
_____, State of _____ at (address) _____

Affiant's Signature

Typed/Printed name of Affiant

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

Notary Public for _____
Residing at _____
Commission Expires: _____