
Full Name of Party Submitting 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 _____
MAGISTRATE DIVISION

Plaintiff(s),
vs.

Defendant(s).

CASE NO. _____

AFFIDAVIT OF NON-MILITARY
SERVICE

STATE OF IDAHO)
 : ss
County of _____)

I swear under oath:

That I am the above named Plaintiff; the Defendant(s) is/are mentally competent; the Defendant(s) is/are over the age of eighteen (18) years old;

The Defendant(s) in this case is/are not a member/s of the Armed Forces of the United States as defined by the Soldiers and Sailors Civil Relief Act of 1940 as amended.

DATE: _____

Plaintiff

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20____.

Notary Public for Idaho
Residing at _____

Commission Expires: _____