_____
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 _____

_____,	CASE NO. _____
_____, Plaintiff(s), vs.	AFFIDAVIT OF NON-MILITARY SERVICE
_____,	
_____, Defendant(s).	

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) in the uniformed services as defined by the Servicemembers Civil Relief Act of 2003.

DATE: _____ By: _____
Plaintiff

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

_____
Notary Public for Idaho
Residing at _____
Commission Expires: _____