jau;pjkdjkejk
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(s),
vs.

_____,

_____,
Defendant(s).

CASE NO. _____

MEMORANDUM OF COSTS

STATE OF IDAHO)
: ss
County of _____)

I swear under oath:

That I am the above named Plaintiff; that to the best of my knowledge and belief the items of costs and in this action are correct and necessarily incurred in this action.

That I have read the Complaint filed in this action and know the contents; that the allegations are true to the best of my knowledge; that the Defendant(s) is/are not minor(s) nor incompetent; that the Defendant(s) was/were properly served, and now owe to the Plaintiff(s) the following amount:

FILING FEE	$_____
SERVICE OF PROCESS	$_____
OTHER	$_____
TOTAL	$_____

DATE: _____

_____
Plaintiff

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

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