
Full Name of Party Filing Document

Mailing Address (Street or Post Office Box)

City, State and Zip Code

Telephone

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

| | | |
|-------------------------------------|---|--------------------------------------|
| Plaintiff, vs. Defendant. | , | Case No. AFFIDAVIT OF SERVICE |
|-------------------------------------|---|--------------------------------------|

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 _____, 20____ 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) _____.

Typed/printed

Signature

STATE OF IDAHO)
) ss.
County of _____)

SUBSCRIBED AND SWORN before me on this _____ day of

Notary Public for Idaho
Residing at
Commission expires