
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

STATE OF IDAHO)
 : ss
County of _____)

I, _____, swear under oath:

[] I am the [] Plaintiff [] Defendant in the above-entitled action.

_____.

DATED this _____ day of _____, _____.

Signature

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

Notary Public for Idaho
Residing at _____
Commission Expires _____

CERTIFICATE OF SERVICE

I certify I served a copy to: (name all parties or their attorneys in the case, other than yourself)

(Name) By Mail

(Street or Post Office Address) By fax

(City, State, and Zip Code) By personal delivery

(Name) By Mail

(Street or Post Office Address) By fax

(City, State, and Zip Code) By personal delivery

Date: _____
Signature _____