Full Name of Party Filing Document

Mailing Address (Street or Post Office Box)

City, State and Zip Code

Telephone

Email Address (if any)

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 OF SUBPOENA |

 I certify:

 I, , a resident of Idaho, over the age of eighteen (18) years, and not a party to the action, served a subpoena on at o’clock \_\_\_.m., on the day of , 20\_\_\_\_\_ at the following address: by personally handing or delivering a copy to , or handing or delivering a copy to , a person of suitable age (eighteen years) and discretion residing at the usual abode of the person to be served.

**CERTIFICATION UNDER PENALTY OF PERJURY**

I certify under penalty of perjury pursuant to the law of the State of Idaho that the foregoing is true and correct.

Date:

Typed/printed Signature