

\_\_\_\_\_  
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 \_\_\_\_\_

|   |  |
|---|--|
| _____<br>Petitioner,<br><br>vs.<br><br>_____<br>Respondent. | Case No. _____<br><br>AFFIDAVIT OF SERVICE |
|---|--|

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 (date) \_\_\_\_\_ I personally served copies of the Summons, Petition,  
(check all that apply, if any)

☐ Joint Temporary Restraining Order (Property)

☐ Order to attend the parent education program

☐ Joint Temporary Restraining Order (Children) on: (name of person served) \_\_\_\_\_

\_\_\_\_\_, the above-named ☐ Petitioner ☐ Respondent,

in \_\_\_\_\_ County, State of \_\_\_\_\_

at (address) \_\_\_\_\_.

**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 Name

\_\_\_\_\_  
Signature