Full Name of Party Filing This Document

Mailing Address (Street or Post Office Box)

City, State and Zip Code

Telephone Number

Email Address (if any)

IN THE DISTRICT COURT FOR THE JUDICIAL DISTRICT

FOR THE STATE OF IDAHO, IN AND FOR THE COUNTY OF

|  |  |
| --- | --- |
| ,  Petitioner,  vs.  ,  Respondent. | Case No.  CERTIFICATE OF SERVICE |

I certify on (date) , I served a copy of the following documents

to: (name all parties or their attorneys in the case, other than yourself)

|  |  |
| --- | --- |
| (Name)  (Street or Post Office Address)    (City, State, and Zip Code) | * By mail * By fax (number) * By personal delivery * By email to:     (If allowed) |
| (Name)    (Street or Post Office Address)    (City, State, and Zip Code)    Typed/printed name | * By mail * By fax (number) * By personal delivery * By email to:     (If allowed)    Signature |