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 TH	IE COUNTY OF
	Case No.
Petitioner, vs.	NOTICE OF INTENT TO TAKE DEFAULT
Respondent.	
TO:	, Petitioner,
Respondent:	
You are notified Petitioner intends to ask days (or six days if notice was served by mail) below.	
You are notified Respondent intends to three days (or six days if notice was served be Service below.	•

CERTIFICATE OF SERVICE

ertify that on (date) n yourself)	I served a copy to: (name all parties in the cas
(Name) (Street or Post Office Address)	By mail By fax (number) By personal delivery By email to:
(City, State, and Zip Code)	(If allowed)
(Name)	By mail By fax (number) By personal delivery
(Street or Post Office Address)	By email to:
(City, State, and Zip Code)	(If allowed)
ped/printed name	 Signature