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

SMALL CLAIMS DEPARTMENT

|  |  |
| --- | --- |
|   , Plaintiff(s), vs.  , Defendant(s). | Case No. AFFIDAVIT OF COMPLIANCE |

I/We hereby certify under penalty of perjury that I/We have complied fully with the terms and conditions of the Memorandum of Agreement, and this case should be dismissed in ten days from the date this is filed.

**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

# **Notice of Filing**

NOTICE TO PLAINTIFF(S): This case will be dismissed within ten days UNLESS you file an AFFIDAVIT OF NON-COMPLIANCE with the Court.