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 NON-COMPLIANCE |

I, (print your name) , hereby certify under penalty of perjury that on (date agreement signed) , (print other party’s name) and I signed a Memorandum of Agreement.

⬜ (print other party’s name) has not complied with the Memorandum of Agreement by failing to do the following:

**Or**

⬜ (print other party’s name) has partially complied with the Memorandum Agreement by:

Based upon these facts, I/We ask that Judgment be entered against the Defendant in the amount of $ .

**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