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

|  |  |
| --- | --- |
|  , Petitioner, vs. , Respondent. | Case No. 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