
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