

\_\_\_\_\_  
Full Name of Party Filing Document

\_\_\_\_\_  
Mailing Address (Street or Post Office Box)

City, State and Zip Code

\_\_\_\_\_  
Telephone

IN THE DISTRICT COURT FOR THE \_\_\_\_\_ JUDICIAL DISTRICT  
FOR THE STATE OF IDAHO, IN AND FOR THE COUNTY OF \_\_\_\_\_

Plaintiff, vs.  Defendant.	,	Case No.  AFFIDAVIT OF SERVICE
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I swear under oath:

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 the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ I personally served copies of the Summons, Complaint,

Joint Temporary Restraining Order (Property)

Order to Attend the parent education program

Joint Temporary Restraining Order (Children) on \_\_\_\_\_, the above-named Defendant, in the County of \_\_\_\_\_, State of \_\_\_\_\_ at (address) \_\_\_\_\_.

Typed/printed

Signature

STATE OF IDAHO                    )  
  ) ss.  
County of \_\_\_\_\_)

SUBSCRIBED AND SWORN before me on this \_\_\_\_\_ day of

Notary Public for Idaho  
Residing at  
Commission expires