

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

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

\_\_\_\_\_  
City, State and Zip Code

\_\_\_\_\_  
Telephone Number

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

\_\_\_\_\_,  
Petitioner,  
vs.  
\_\_\_\_\_,  
Respondent.

Case No.: \_\_\_\_\_

CERTIFICATE OF SERVICE

I certify on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, I served a copy of

\_\_\_\_\_  
to: (name all parties or their attorneys in the case, other than yourself)

\_\_\_\_\_  
(Name)

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

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(City, State, and Zip Code)

By Mail

By fax to (number) \_\_\_\_\_

By personal delivery

\_\_\_\_\_  
(Name)

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

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(City, State, and Zip Code)

By Mail

By fax to (number) \_\_\_\_\_

By personal delivery

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Typed/printed Name of Party Signing