
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 the _____ day of _____, 20____ I personally served
copies of the Summons, Petition,

Joint Temporary Restraining Order (Property)

Order to Attend the parent education program

Joint Temporary Restraining Order (Children) on _____,

the above-named Respondent, in the County of _____, 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