
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.

State of Idaho, Department of Health and Welfare

Case No. _____

AFFIDAVIT OF SERVICE

I certify:

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 _____

_____ on _____, the above-named Father,
 Mother, or Deputy Attorney General for the Department of Health and Welfare, 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