
Full Name of Party Filing This Document

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City, State and Zip Code

Telephone Number

IN THE DISTRICT COURT OF THE FOURTH 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)

(City, State, and Zip Code)

By Mail

By fax to (number) _____

By personal delivery

(Name)

(Street or Post Office Address)

(City, State, and Zip Code)

By Mail

By fax to (number) _____

By personal delivery

Date: _____

Signature

Typed/printed Name of Party Signing