
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 _____
SMALL CLAIMS DEPARTMENT

Plaintiff(s),
vs.

Defendant(s).

Case No. _____

AFFIDAVIT OF SERVICE OF:

- CLAIM
- SUMMONS
- ANSWER FORM
- INFORMATION FOR DEFENDANTS
- OTHER: _____

Note: Either use a separate form for each Defendant served, or include information on this form as to how each Defendant was served.

I, _____, certify and state:

I am over the age of 18 years, and I am not a party to this case nor an employee of a party to this case.

On _____ (date), I served true and correct copies of the documents indicated above on _____ (name of Defendant) by:

Personal delivery to _____ (name of Defendant) at

_____ (location where process served).

Personal delivery at Defendant's usual place of residence, (address) _____

_____, to (name of person served), _____, a
person who is over the age of 18 and resides there.

Personal delivery to _____, the Defendant's
authorized agent for service of process, at _____

_____ (location where process served).

I am charging the Plaintiff(s) \$ _____ for this service.

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 of Process Server