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

	Plaintiff,	
VS.		

Defendant.

AFFIDAVIT

Case No.

I, \_\_\_\_\_, certify:

I am the Plaintiff Defendant in the above-entitled action.

## **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

Signature

## CERTIFICATE OF SERVICE

I certify that on (date) I	served a copy to: (name all parties in the case other than
yourself)	
(Name)	By United States mail By personal delivery By fax (number)
(Street or Post Office Address)	
(City, State, and Zip Code)	
(Name)	By United States mail By personal delivery
(Street or Post Office Address)	By fax (number)
(City, State, and Zip Code)	
Typed/printed name	Signature