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
	Case No
Plaintiff(s), vs.	JUDGMENT FOR EVICTION
, Defendant(s).	
JUDGMENT IS ENTERED AS FOLLOWS):
The possession of the premises described	as
shall be restored to the Plaintiff(s). The Defen	dant(s) is/are ordered to immediately remove
himself/herself/themselves, family and posses	sions from the premises.
Plaintiff(s) is/are awarded costs and disbu	rsements as allowed by Idaho Code in the

amount of \$_____, to be paid by Defendant(s).

A Writ of Restitution of Premises may issue to the Sheriff of this County to remove the Defendant(s) from the premises.

Date:

JUDGE

CLERK'S CERTIFICATE OF SERVICE

I certify that on (date)	I served a copy to: (name all parties in the case other than
yourself)	

(Name) (Street or Post Office Address)	 By mail By fax (number) By personal delivery Overnight delivery/Fed Ex
(City, State, and Zip Code)	
(Name)	 By mail By fax (number) By personal delivery
(Street or Post Office Address)	Overnight delivery/Fed Ex
(City, State, and Zip Code)	
Typed/printed name	Deputy Clerk