
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.

Case No. _____

AFFIDAVIT OF SERVICE OF SUBPOENA

State of Idaho, Department of Health and Welfare

I certify:

I, _____, a resident of Idaho, over the age of eighteen (18) years, and not a party to the action, served a subpoena on _____ at _____ o'clock ____m., on the _____ day of _____, 20____ at the following address: _____ by personally handing or delivering a copy to _____, or handing or delivering a copy to _____, a person of suitable age (eighteen years) and discretion residing at the usual abode of the person to be served.

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