Full Name of Party Filir	ng Document				
Mailing Address (Stree	t or Post Office Box)				
City, State and Zip Coc	le				
Telephone					
Email Address (if any)					
IN THE DI	STRICT COURT	FOR THE	JUDICI/	AL DISTRI	СТ
FOR THE STATE	OF IDAHO, IN AI	ND FOR THE CO	UNTY OF		
	SMALL	CLAIMS DEPAR	TMENT		
		Case	e No		
Plair vs.	ntiff(s),		-' CLAIM \$Claim \$Filing Fee \$Service Fee \$Another Notice		
Defendant(s).		, \$ \$, \$	\$ Another Notice \$ \$ Total		
Plaintiff's Name	Address	City	State	Zip	Phone
Plaintiff's Name	Address	City	State	Zip	Phone
Defendant's Name	Address	City	State	Zip	Phone
Defendant's Name	Address	City	State	Zip	Phone
(If you are seeking a ju					
AMOUNT OF CLAIN	(not includ	(not including filing and service fees)			
DATE CLAIM AROS	(month and	(month and year)			

BASIS FOR YOUR CLAIM:

If you are seeking a judgment for the return of personal property, fill out this portion. PERSONAL PROPERTY: I am the owner, or I am entitled to possess, the following personal property, which is being held by the defendant (specifically describe the property): _____

VALUE OF THE PROPERTY: \$					
Service of process by certified mail requested: Yes No					
BY SIGNING THIS CLAIM, THE PLAINTIFF VERIFIES THAT (1) the Plaintiff is the true					
owner of the claim, (2) the Defendant resides in C	County, or the				
Defendant resides outside Idaho and the claim arose in	County,				
and (3) the information above is true and correct to the Plaintiff's best knowle	edge.				

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

Plaintiff's Signature

Favor de avisarnos antes de la audencia si usted necesitara un interprete en la corte.