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 T	THE COUNTY OF
SMALL CLAIMS	DEPARTMENT
	Case No.
Plaintiff(s), vs.	ORDER DISMISSING CLAIM WITHOUT PREJUDICE - LACK OF SERVICE
Defendant(s).	
TO THE PLAINTIFF(s):	
The file in this case shows that you have r indicated below.	not completed service of process, as
☐ Affidavit of Service or Return of Ser	vice filed, indicating Defendant not found
Certified mail returned undelivered	
─ No Affidavit of Service, Return of Service	ervice, or receipt for certified mail receipt
received	
Other	
Your claim is therefore dismissed without	prejudice. You may reopen your case by
filing an Affidavit of Service within six months	from the date you filed your complaint
without paying an additional filing fee. Fees for	service of process can be included in your

brochure, "Information for Plaintiffs in Small Claims Cases."	
Date:	Magistrate Judge
Copy served on plaintiff by ☐ hand-delivery	mail to address shown in court files.
Date:	-
Typed/printed name	Deputy Clerk