
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 _____
SMALL CLAIMS DEPARTMENT

Plaintiff(s),
vs.

Defendant(s).

Case No. _____

AFFIDAVIT FOR DEFAULT, OF
COMPETENCE, NON-MILITARY
SERVICE, AND AMOUNT DUE

I certify:

1. I am 18 years of age or older, and I am the Plaintiff in this case, or the Plaintiff in this case is a business organization and I am an owner or employee of the Plaintiff.
2. Proof of service upon Defendant has been filed in this case.
3. Defendant has failed to answer or defend the above-entitled matter as required by law within twenty-one (21) days of the date of service.
4. The Defendant(s) in this case is (are) at least 18 years of age, and not incompetent.
5. Check one:
 Not Applicable, Defendant is a business entity.
 Defendant(s) in this case is (are) not in the uniformed services as defined by the Servicemembers Civil Relief Act of 2003; I know this because: _____

Or I am unable to determine whether the Defendant(s) is (are) in the uniformed services as defined by the Servicemembers Civil Relief Act of 2003,

Or Defendant(s) is (are) in the uniformed services as defined by the Servicemembers Civil Relief Act of 2003, and has waived in writing Defendant's rights under the Act.

6. This claim does does not include interest, finance charges, or late charges. If so, the amounts are calculated as follows: _____

7. I have attached copies of all relevant documents to this affidavit.

8. The Defendant(s) owes the Plaintiff:	\$ _____
Deduct payments made since the date of filing:	\$ _____
Add fees for filing claim and service of process:	\$ _____
TOTAL DUE AND OWING	\$ _____

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

Signature