
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 OF COMPETENCE
AND NON-MILITARY SERVICE

I certify:

1. I am over 18 years of age, 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. The Defendant(s) in this case is (are) at least 18 years of age, and not incompetent.
3. Check one:

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.

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