
Full Name of Party Filing Document

Mailing Address (Street or Post Office Box)

City, State and Zip Code

Telephone

IN THE DISTRICT COURT FOR THE _____ JUDICIAL DISTRICT
FOR THE STATE OF IDAHO, IN AND FOR THE COUNTY OF _____

Plaintiff(s),

vs.

Defendant(s).

Case No. _____

AFFIDAVIT OF SERVICE
(COMPLAINT AND SUMMONS FOR
SPECIFIC PERFORMANCE AND
EXPEDITED HEARING)

I swear under oath:

1. I am a resident of _____ County, State of Idaho, over the age of eighteen (18) years, and not a party to the above-entitled action.
2. On (date) _____, I personally served copies of the Summons for Specific Performance and Expedited Hearing and Complaint for Specific Performance and Expedited Hearing on _____, a Defendant, at (address) _____.

Date: _____

Typed/printed name

Signature

STATE OF IDAHO)
) ss.
County of _____)

SUBSCRIBED AND SWORN before me on this _____ day of _____

Notary Public for Idaho
Residing at _____
Commission expires _____