

\_\_\_\_\_  
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 SERVICE OF:

- CLAIM
- SUMMONS
- ANSWER FORM
- INFORMATION FOR DEFENDANTS
- OTHER: \_\_\_\_\_

**Note:** Either use a separate form for each Defendant served, or include information on this form as to how each Defendant was served.

I, \_\_\_\_\_, certify and state:

I am over the age of 18 years, and I am not a party to this case nor an employee of a party to this case.

On \_\_\_\_\_ (date), I served true and correct copies of the documents indicated above on \_\_\_\_\_ (name of Defendant) by:

Personal delivery to \_\_\_\_\_ (name of Defendant) at

\_\_\_\_\_ (location where process served).

Personal delivery at Defendant's usual place of residence, (address) \_\_\_\_\_

\_\_\_\_\_, to (name of person served), \_\_\_\_\_, a  
person who is over the age of 18 and resides there.

Personal delivery to \_\_\_\_\_, the Defendant's  
authorized agent for service of process, at \_\_\_\_\_

\_\_\_\_\_ (location where process served).

I am charging the Plaintiff(s) \$ \_\_\_\_\_ for this service.

**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 of Process Server