

\_\_\_\_\_  
Full Name of Party Filing Document

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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 \_\_\_\_\_

\_\_\_\_\_,  
Plaintiff,  
vs.  
\_\_\_\_\_,  
Defendant.

Case No. \_\_\_\_\_

ACKNOWLEDGMENT OF SERVICE

I, \_\_\_\_\_, the  Plaintiff  Defendant in the above-entitled action,  
admit and acknowledge that service of a copy of the \_\_\_\_\_  
\_\_\_\_\_ was made on me because I received them  
on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

I certify that [check all that apply]:

I am not in the uniformed services as defined by the Servicemembers Civil Relief Act of 2003; **or**

I am in the uniformed services as defined by the Servicemembers Civil Relief Act of 2003. I understand and waive my rights under the Act; **or**

I am in the uniformed services as defined by the Servicemembers Civil Relief Act of 2003. I do not waive my rights under the Act.

I submit to the jurisdiction of this court, decline to plead, waive hearing, and agree that a final decree be entered.

**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

\_\_\_\_\_  
Signature