

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

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Mailing Address (Street or Post Office Box)

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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 \_\_\_\_\_

\_\_\_\_\_,  
Petitioner,  
vs.  
\_\_\_\_\_,  
Respondent.  
\_\_\_\_\_

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

NOTICE OF INTENT TO TAKE  
DEFAULT

TO: \_\_\_\_\_,  Petitioner,  Respondent:

You are notified Petitioner intends to ask the Court to enter your default on six days from the date of the Affidavit of Service below.

You are notified Respondent intends to ask the Court to enter your default on six days from the date of the Affidavit of Service below.

CERTIFICATE OF SERVICE

I certify that on (date) \_\_\_\_\_ I served a copy to: (name all parties in the case other than yourself)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Street or Post Office Address)

\_\_\_\_\_  
(City, State, and Zip Code)

- By mail
- By fax (number) \_\_\_\_\_
- By personal delivery
- Overnight delivery/Fed Ex

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Street or Post Office Address)

\_\_\_\_\_  
(City, State, and Zip Code)

- By mail
- By fax (number) \_\_\_\_\_
- By personal delivery
- Overnight delivery/Fed Ex

\_\_\_\_\_  
Typed/printed name

\_\_\_\_\_  
Signature