

\_\_\_\_\_  
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 \_\_\_\_\_

\_\_\_\_\_  
Petitioner,  
vs.  
\_\_\_\_\_  
Respondent.  
State of Idaho, Department of Health and Welfare

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

AFFIDAVIT OF SERVICE

I certify:

1. I am a resident of \_\_\_\_\_ County, State of \_\_\_\_\_,  
over the age of eighteen (18) years, and not a party to the above-entitled action.

2. On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ I personally  
served copies of the \_\_\_\_\_

\_\_\_\_\_ on \_\_\_\_\_, the above-named  Father,  
 Mother, or  Deputy Attorney General for the Department of Health and Welfare, in the  
County of \_\_\_\_\_, State of \_\_\_\_\_ at (address)

**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