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. CLAIM$ Claim$ Filing Fee$ Service Fee$ Another Notice$ $ Total |

Plaintiff’s Name Address City State Zip Phone

Plaintiff’s Name Address City State Zip Phone

Defendant’s Name Address City State Zip Phone

Defendant’s Name Address City State Zip Phone

(If you are seeking a judgment for money, fill out this portion.)

AMOUNT OF CLAIM: (not including filing and service fees)

DATE CLAIM AROSE: (month and year)

BASIS FOR YOUR CLAIM:

If you are seeking a judgment for the return of personal property, fill out this portion.

PERSONAL PROPERTY: I am the owner, or I am entitled to possess, the following personal property, which is being held by the defendant (specifically describe the property):

VALUE OF THE PROPERTY: $

Service of process by certified mail requested: ⬜ Yes ⬜ No

BY SIGNING THIS CLAIM, THE PLAINTIFF VERIFIES THAT (1) the Plaintiff is the true owner of the claim, (2) the Defendant resides in County, **or** the Defendant resides outside Idaho and the claim arose in County, and (3) the information above is true and correct to the Plaintiff’s best knowledge.

**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 Plaintiff’s Signature

Favor de avisarnos antes de la audencia si usted necesitara un interprete en la corte.