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