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