
Full Name of Party Filing This Document

Mailing Address (Street or Post Office Box)

City, State and Zip Code

Telephone Number

IN THE DISTRICT COURT OF THE _____ JUDICIAL DISTRICT OF
THE STATE OF IDAHO, IN AND FOR THE COUNTY OF _____

_____,
Plaintiff,
vs.
_____,
Defendant.

Case No.: _____

ACKNOWLEDGMENT OF SERVICE
BY DEFENDANT

I, _____, the Defendant in the above-entitled action, admit and acknowledge that service of a copy of the Complaint together with a Summons [] Order to Attend parent education program [] Joint Temporary Restraining Order (Children) [] Joint Temporary Restraining Order (Property) [] other _____

_____ was made on me because I received them on the ____ day of _____, 20___. I certify that: I am over the age of eighteen, I am mentally competent, I read and write the English language; and:

[check all that apply]:

[] I am not in the uniformed services as defined by the Servicemembers Civil Relief Act of 2003, or

