_____
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 _____

_____, Father _____, Mother State of Idaho, Department of Health and Welfare	Case No.: _____ AFFIDAVIT OF SERVICE

STATE OF _____)
: ss
County of _____)

I swear under oath:

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 Motion to Modify an Order or Decree and Notice of Motion to Modify upon _____, the above-named [ ] Father / [ ] Mother, in the County of _____, State of _____ at *(address)*_____
_____.

_____ _____
Affiant's Signature Typed/printed Name of Affiant

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20_____.

_____
Notary Public for_____
Residing at _____

Commission Expires: _____