

\_\_\_\_\_  
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. \_\_\_\_\_

AFFIDAVIT

STATE OF IDAHO            )  
  : ss  
County of \_\_\_\_\_ )

I, \_\_\_\_\_, swear under oath:

[ ] I am the [ ] Plaintiff [ ] Defendant in the above-entitled action.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



CERTIFICATE OF SERVICE

I certify I served a copy to: (name all parties or their attorneys in the case, other than yourself)

\_\_\_\_\_  
(Name)

By Mail

\_\_\_\_\_  
(Street or Post Office Address)

By fax

\_\_\_\_\_  
(City, State, and Zip Code)

By personal delivery

\_\_\_\_\_  
(Name)

By Mail

\_\_\_\_\_  
(Street or Post Office Address)

By fax

\_\_\_\_\_  
(City, State, and Zip Code)

By personal delivery

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature