
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(s),	
vs.	
_____	,
_____	,
Defendant(s).	

Case No.: _____

WRIT OF EXECUTION

STATE OF IDAHO)
) ss:
County of _____)

THE STATE OF IDAHO to the Sheriff of the County of _____

Greetings:

On (date) _____, (your name) _____
recovered a judgment against the defendant(s) in this case for:

TOTAL SUM OF JUDGMENT:	\$ _____
Amount(s) paid by defendant(s):	\$ _____
Plus accruing costs:	\$ _____
Plus accrued interest:	\$ _____
Total amount now due and owing:	\$ _____

YOU, the Sheriff, are required to satisfy the judgment, with post-judgment interest accruing at the legal rate and accruing costs, out of the personal property of _____ (name of defendant) and make return of this writ within sixty (60) days after receipt of this writ.

Date: _____

CLERK OF THE DISTRICT COURT

By: _____, Deputy