

Full Name of Party Filing Document

Mailing Address (Street or Post Office Box)

City, State and Zip Code

Telephone

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

\_\_\_\_\_

\_\_\_\_\_

Plaintiff(s),  
vs.

\_\_\_\_\_

\_\_\_\_\_

Defendant(s).

Case No. \_\_\_\_\_

COMPLAINT FOR SPECIFIC  
PERFORMANCE AND  
EXPEDITED TRIAL

Fee Category: \_\_\_\_\_

Filing Fee: \$ \_\_\_\_\_

The Plaintiff(s), state(s):

1. I/we rent the property at (address) \_\_\_\_\_, City  
of \_\_\_\_\_, County of \_\_\_\_\_, State of Idaho, from the  
Defendant(s) (name) \_\_\_\_\_.

2. I/we served my/our landlord a written demand for repairs more than three (3) days before  
filing this complaint.  A copy of the three-day demand is attached as Exhibit A.   
proof of service is attached as Exhibit B.

3. My/our landlord has failed to make the following repair(s) (be specific):

Water-proofing or weather protection \_\_\_\_\_

Electrical \_\_\_\_\_

Plumbing \_\_\_\_\_

Heating \_\_\_\_\_

Ventilation \_\_\_\_\_

Cooling \_\_\_\_\_

Sanitary facilities \_\_\_\_\_

- Install working smoke detector \_\_\_\_\_
- Other condition(s) hazardous to health or safety \_\_\_\_\_

- 4. The rental property is less than five (5) acres and is not used for agricultural purposes.
- 5. Defendant(s) is/are mentally competent and over the age of eighteen (18) years.
- 6.  Defendant(s) is/are not in the uniformed services as defined by the Servicemembers Civil Relief Act of 2003; I know this because \_\_\_\_\_

\_\_\_\_\_

- or  I am unable to determine whether Defendant(s) is/are in the uniformed services as defined by the Servicemembers Civil Relief Act of 2003.
- or  Defendant(s) is/are in the uniformed services as defined by the Servicemembers Civil Relief Act of 2003, and has waived in writing Defendant'(s) rights under the Act.

I/we ask for the following relief:

- 1. That Defendant(s) be immediately ordered to make the repairs to bring the rental property into compliance with Idaho Code 6-320; and
- 2. That the Court schedule an expedited proceeding in 7-12 days.

**VERIFICATION:** I/We swear I/we have read this Complaint and state that all facts included are true.

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

\_\_\_\_\_  
Typed/printed name

\_\_\_\_\_  
Signature

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

SUBSCRIBED AND SWORN before me on this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Notary Public for Idaho  
Residing at \_\_\_\_\_  
Commission expires \_\_\_\_\_