
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. _____

AFFIDAVIT OF SERVICE
(COMPLAINT AND SUMMONS FOR
SPECIFIC PERFORMANCE AND
EXPEDITED HEARING)

I swear under oath:

1. I am a resident of _____ County, State of Idaho, over the age of eighteen (18) years, and not a party to the above-entitled action.
2. On (date) _____, I personally served copies of the Summons for Specific Performance and Expedited Hearing and Complaint for Specific Performance and Expedited Hearing on _____, a Defendant, at (address) _____.

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 _____