
Full Name of Party Submitting 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. _____
AFFIDAVIT OF NON-MILITARY
SERVICE

STATE OF IDAHO)
 : ss
County of _____)

I swear under oath:

That I am the above named Plaintiff; the Defendant(s) is/are mentally competent; the Defendant(s) is/are over the age of eighteen (18) years old;

The Defendant(s) in this case is/are not in the uniformed services as defined by the Servicemembers Civil Relief Act of 2003.

DATE: _____

By: _____
Plaintiff

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

Notary Public for Idaho
Residing at _____
Commission Expires: _____