
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 _____ JUDICIAL DISTRICT
FOR THE STATE OF IDAHO, IN AND FOR THE COUNTY OF _____
SMALL CLAIMS DEPARTMENT

Plaintiff(s),
vs.

Defendant(s).

Case No. _____

CLAIM

\$ _____ Claim
\$ _____ Filing Fee
\$ _____ Service Fee
\$ _____ Another Notice
\$ _____
\$ _____ Total

Plaintiff's Name Address City State Zip Phone

Plaintiff's Name Address City State Zip Phone

Defendant's Name Address City State Zip Phone

Defendant's Name Address City State Zip Phone

(If you are seeking a judgment for money, fill out this portion.)

AMOUNT OF CLAIM: _____ (not including filing and service fees)

DATE CLAIM AROSE: _____ (month and year)

BASIS FOR YOUR CLAIM: _____

If you are seeking a judgment for the return of personal property, fill out this portion.

PERSONAL PROPERTY: I am the owner, or I am entitled to possess, the following personal property, which is being held by the defendant (specifically describe the property): _____

VALUE OF THE PROPERTY: \$_____

Service of process by certified mail requested: Yes No

BY SIGNING THIS CLAIM, THE PLAINTIFF VERIFIES THAT (1) the Plaintiff is the true owner of the claim, (2) the Defendant resides in _____ County, **or** the Defendant resides outside Idaho and the claim arose in _____ County, and (3) the information above is true and correct to the Plaintiff's best knowledge.

Plaintiff's Signature

Subscribed and sworn to before me _____
(date)

Deputy Clerk or Notary Public
If Notary, my commission expires:

Favor de avisarnos antes de la audiencia si usted necesitara un interprete en la corte.