
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,
vs.
_____,
Defendant.

Case No.: _____

NOTICE OF INTENT TO TAKE
DEFAULT

TO: _____, [] Plaintiff, [] Defendant:

[] You are notified Plaintiff intends to ask the Court to enter your default on six days from the date of the Affidavit of Service below.

[] You are notified Defendant intends to ask the Court to enter your default on six days from the date of the Affidavit of Service below.

CERTIFICATE OF SERVICE

I certify I served a copy to: (name all parties or their attorneys in the case, other than yourself)

(Name)

[] By Mail

(Street or Post Office Address)

[] By fax

(City, State, and Zip Code)

[] By personal delivery

(Name)

By Mail

(Street or Post Office Address)

By fax

(City, State, and Zip Code)

By personal delivery

Date: _____

Signature

Typed/printed Name of Party Signing