
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(s),
vs.
_____,
_____,
Defendant(s).

CASE NO. _____

MOTION AND AFFIDAVIT
TO CONTINUE

I, _____ [] Plaintiff/ [] Defendant, ask this court to
reschedule the hearing now scheduled for (date) _____ .

I swear under oath the hearing should be rescheduled because:

_____.

DATE: _____

Signature

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

Notary Public for Idaho
Residing at _____
Commission Expires _____

CERTIFICATE OF SERVICE

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

(Name)

By Mail

(Street or Post Office Address)

By fax to (number) _____

(City, State, and Zip Code)

By personal delivery

(Name)

By Mail

(Street or Post Office Address)

By fax to (number) _____

(City, State, and Zip Code)

By personal delivery

Date: _____

Signature