
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. _____

REQUEST FOR TRIAL SETTING in
MAGISTRATE CASE

1. I want my case scheduled for trial.
2. My case is for (for example, divorce, custody, modification):

3. A jury has been timely requested. **or** A jury was not timely requested.
4. I request mediation. **or** Mediation would not be helpful.
5. I will represent myself at trial. **or** I will have the following attorney appear at trial for me _____
6. Estimated trial time: _____
7. I am NOT available for trial on these dates: _____

8. Pretrial is requested not requested.

Date

Typed/printed Name of Party

Signature

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 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