

\_\_\_\_\_  
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,	)	CASE NO. CV-_____
	)	
vs.	)	PETITION FOR CHANGE OF
	)	VENUE
	)	
_____	)	Fee Category: J.1.a.
Defendant.	)	Fee: _____
	)	
_____	)	

[ ] Plaintiff [ ] Defendant (name) \_\_\_\_\_, moves this court for an Order Granting Change of Venue. In support of this Motion, the undersigned states:

1. I reside in \_\_\_\_\_ County, Idaho, and have resided in \_\_\_\_\_ County since \_\_\_\_\_.
2. The fact that I reside in \_\_\_\_\_ County is known to the other party.
3. The child/ren of the parties reside/s in \_\_\_\_\_ County, and has/have not resided in \_\_\_\_\_ County since \_\_\_\_\_.
4. I have no plans to depart from the State of Idaho.
5. I have limited resources and will be unable to defend in /prosecute this action if venue is not changed to \_\_\_\_\_ County.

6. I have a meritorious defense/claim in this action.
7. That venue is in \_\_\_\_\_ County in accordance with the provisions of I.C. Section 5-404.

VERIFICATION: I swear I have read this Petition and state that all facts included are true.

WHEREFORE, the moving party requests:

1. That this court order a change of venue to \_\_\_\_\_ County.
2. That hearing be set hereon, only if the other party files a response contesting the change, and I be allowed to appear telephonically at (208) \_\_\_\_\_.

DATE \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of Party Filing

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_,  
\_\_\_\_\_.

\_\_\_\_\_  
Notary Public for Idaho  
Residing at: \_\_\_\_\_  
My Commission expires: \_\_\_\_\_

#### 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)

\_\_\_\_\_  
(Street or Post Office Address)

\_\_\_\_\_  
(City, State, and Zip Code)

Date: \_\_\_\_\_

By Mail

By fax to (number) \_\_\_\_\_

By personal delivery

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Typed/printed Name of Party Signing