
Full Name of Party Filing this Document

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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. _____
MOTION

The [] Plaintiff [] Defendant requests the court (write what you want the judge to order and the
reason for your request) _____

DATED: _____

(Your 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

(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