
Full Name of Party Submitting 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 _____
SMALL CLAIMS DEPARTMENT

_____ ,

CASE NO. _____

_____ ,

SMALL CLAIMS MOTION TO APPEAR BY
TELEPHONE

Plaintiff(s),
vs.

_____ ,

_____ ,

Defendant(s).

Plaintiff(s) / Defendant(s), (name) _____, ask(s):

to appear by telephone, my/our telephone number is _____,

to present the following witness(es)' testimony by telephone:

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

The trial is at _____ o'clock, ___m. on (date) _____.

The reasons for this motion are:

Before the trial, I/we will submit all documents I/we want the court to consider.

Date

Signature of (Plaintiff/Defendant)