

Full Name of Party Filing Document

Mailing Address (Street or Post Office Box)

City, State and Zip Code

Telephone

IN THE DISTRICT COURT FOR THE _____ JUDICIAL DISTRICT
FOR THE STATE OF IDAHO, IN AND FOR THE COUNTY OF _____
SMALL CLAIMS DEPARTMENT

Plaintiff(s),
vs.

Defendant(s).

Case No. _____

MOTION CONTESTING CLAIM OF
EXEMPTION OR THIRD PARTY CLAIM
AND NOTICE OF HEARING

I am the Plaintiff in this case. I am asking the court to deny:

- the Defendant's claim of exemption
- the third party claim filed by: _____

I have attached a copy of the claim of exemption or third party claim to this motion.

Date: _____
Signature _____

NOTICE OF HEARING: This motion is set for hearing on the ____ day of _____, _____,
at _____, ____m., at the _____ County Courthouse in _____, Idaho.

Copy served on Plaintiff by hand-delivery mail to address shown in court files.
Copy served on Defendant by hand-delivery mail to address shown in court files.

Date: _____
Deputy Clerk _____