Full Name of Party Filing Document

Mailing Address (Street or Post Office Box)

City, State and Zip Code

Telephone

Email Address (if any)

IN THE DISTRICT COURT FOR THE JUDICIAL DISTRICT

FOR 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)

Date:

Signature

CERTIFICATE OF SERVICE

I certify that on (date) I served a copy to: (name all parties in the case other than yourself)

|  |  |
| --- | --- |
| (Name)    (Street or Post Office Address)    (City, State, and Zip Code) | * By United States mail * By personal delivery * By fax (number) |
| (Name)    (Street or Post Office Address)    (City, State, and Zip Code) | * By United States mail * By personal delivery * By fax (number) |
| Typed/printed name | Signature |