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

SMALL CLAIMS DEPARTMENT

|  |  |
| --- | --- |
|   , Plaintiff(s), vs.  , Defendant(s). | Case No. MOTION TO CONTINUE(RESCHEDULE) HEARING |

I am the ⬜ Plaintiff ⬜ Defendant (check one) in this case. I am asking the court to continue this hearing for:

 ⬜ two weeks

 ⬜ thirty days

 ⬜ other:

I am unable to attend the hearing on the date scheduled because:

Date:

 Signature