Full Name of Party Filing 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 \_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,  Plaintiff,  vs.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,  Defendant. | Case No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    NOTICE OF HEARING ON MOTION TO  SET ASIDE DEFAULT JUDGMENT AND  REQUEST FOR STAY OF WRIT |

PLEASE TAKE NOTICE that the hearing on the Motion to Set Aside Default Judgment and Request for Stay of Writ filed on the \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_, by the Defendant will be held on the \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_, at \_\_\_\_ o’clock \_\_.m. in the \_\_\_\_\_\_\_\_\_\_\_\_\_County Courthouse, located at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Idaho.

DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Defendant

CERTIFICATE OF SERVICE

I certify I served a copy to: (name all parties or their attorneys in the case, other than yourself)

[ ] By Mail

(Name)

[ ] By fax to (number) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Street or Post Office Address)

[ ] By personal delivery

(City, State, and Zip Code)

[ ] By Mail

(Name)

[ ] By fax to (number) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Street or Post Office Address)

[ ] By personal delivery

(City, State, and Zip Code)

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Typed/printed Name of Party Signing