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.  NOTICE OF HEARING |

PLEASE TAKE NOTICE that the filed herein on the day of , 20 , by , will come on for hearing on the day of , 20 , at o’clock ⬜ a.m. ⬜ p.m., in the Magistrate’s Division of the District Court, County Courthouse, at (address) .

Plaintiff/Defendant requests oral argument, and the right to cross-examine Defendant/ Plaintiff and/or his/her witnesses at such hearing.

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 |