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 SET ASIDE DISMISSAL |

I am the Plaintiff in this case. My claim was dismissed on (date) , when I failed to appear at the hearing on my claim. I am asking the court to set aside the judgment dismissing my claim. I was not able to be at the hearing on my claim because:

Date:

Signature