

\_\_\_\_\_  
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