Full name of Party Submitting 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

|  |  |
| --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Petitioner, vs.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Respondent. | MOTION TO CONSOLIDATE Case No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Petitioner, vs.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Respondent. | Case No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

 There is more than one case involving the same parties or claims. The court should consolidate these cases. Rule 106, IRFLP. I ask for oral argument. Rule 501(C) IRFLP.

DATED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Signature of Parent)

DATED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Signature of Parent)

CERTIFICATE OF SERVICE

I certify I served a copy:

 [ ] By United States Mail

(Name)

 [ ] By fax

(Street or Post Office Address)

 [ ] By personal delivery

(City, State, and Zip Code)

 [ ] By overnight mail/Federal Express

 [ ] By United States Mail

(Name)

 [ ] By fax

(Street or Post Office Address)

 [ ] By personal delivery

(City, State, and Zip Code)

 [ ] By overnight mail/Federal Express

Date:

 Signature