
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.
_____ Petitioner, vs. _____ Respondent.

MOTION TO CONSOLIDATE

Case No. _____

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:

(Name)

By United States Mail

(Street or Post Office Address)

By fax

(City, State, and Zip Code)

By personal delivery

By overnight mail/Federal Express

(Name)

By United States Mail

(Street or Post Office Address)

By fax

(City, State, and Zip Code)

By personal delivery

By overnight mail/Federal Express

Date: _____

Signature