*(Full Name of Party Submitting this Document)*

*(Mailing Address – Street or Post Office Box)*

*(City; State, 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. | NOTICE OF HEARINGMOTION TO CONSOLIDATE Case No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Petitioner, vs.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Respondent. | Case No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   |

 The Motion to Consolidate will be heard on the \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_, at the hour of \_\_\_\_\_\_\_\_\_ \_\_\_.m., at the County courthouse, located at *(street address)* , Idaho.

DATED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Signature)

CERTIFICATE OF SERVICE

I certify I served a copy to:

 [ ] 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