*(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

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| --- | --- |
| ­­­­­­­­­­­­­­­  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,  Petitioner,  vs.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,  Respondent. | NOTICE OF HEARING  MOTION 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)

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(City, State, and Zip Code)

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(Name)

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(Street or Post Office Address)

[ ] By personal delivery

(City, State, and Zip Code)

[ ] By overnight mail/Federal Express

Date:

Signature