

\_\_\_\_\_  
(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 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:

\_\_\_\_\_  
(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