Full Name of Party Filing Document	
Mailing Address (Street or Post Office Box)	
City, State and Zip Code	
Telephone	
Email Address (if any)	
IN THE DISTRICT COURT FOR THE	JUDICIAL DISTRICT
FOR THE STATE OF IDAHO, IN AND FOR	THE COUNTY OF
, Plaintiff, vs.	Case No ORDER FOR CHANGE OF VENUE
Defendant.	
	s matter that venue for this action is properly
in County in account IS HEREBY ORDERED:	rdance with the provisions of I.C. Sec. 5-404;
 That this case be transferred to 	County and lodged
there upon such time as Defendant pa	
ancre upon such anne as Derendant pa	
Date:	

Judge

CLERK'S CERTIFICATE OF SERVICE

I certify that on (date) ______ I served a copy to: (name all parties in the case including yourself)

(Name)	By mail By fax (number) By personal delivery
(Street or Post Office Address)	Overnight delivery/Fed Ex
(City, State, and Zip Code)	-
(Name)	By mail By fax (number)
(Street or Post Office Address)	By personal deliveryOvernight delivery/Fed Ex
(City, State, and Zip Code)	-
Typed/printed name	Deputy Clerk