
Full Name of Party Filing 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 _____

_____,
Plaintiff,
vs.
_____,
Defendant.

Case No.: _____

NOTICE OF HEARING

PLEASE TAKE NOTICE that the _____ filed herein on the ____th
day of _____, 20____, by _____, will come on for hearing on the
____ day of _____, 20____, at ____ o'clock p.m., in the Magistrate's Division of the
District Court, _____ County Courthouse, at (address) _____

Plaintiff/Defendant requests oral argument, and the right to cross-examine Defendant/
Plaintiff and/or his/her witnesses at such hearing.

Date: _____

Signature

Typed/Printed Name

CERTIFICATE OF SERVICE

I certify I served a copy to: (name all parties or their attorneys in the case, other than yourself)

(Name)

By Mail

(Street or Post Office Address)

By fax

(City, State, and Zip Code)

By personal delivery

(Name)

By Mail

(Street or Post Office Address)

By fax

(City, State, and Zip Code)

By personal delivery

Date: _____

Signature