
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.: _____

REQUEST FOR SCHEDULING
CONFERENCE

The petitioner asks the court to set a scheduling conference in the above-captioned matter. The
petitioner requests that the conference be held on _____
_____.

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)

_____ [] By Mail
(Name)

_____ [] By fax
(Street or Post Office Address)

_____ [] By personal delivery
(City, State, and Zip Code)

_____ [] By Mail
(Name)

_____ [] By fax
(Street or Post Office Address)

_____ [] By personal delivery
(City, State, and Zip Code)

Date: _____

Signature