
Full Name of Party Filing Document

Mailing Address (Street or Post Office Box)

City, State and Zip Code

Telephone

IN THE DISTRICT COURT FOR THE SECOND JUDICIAL DISTRICT
FOR THE STATE OF IDAHO, IN AND FOR THE COUNTY OF LATAH

_____,
Plaintiff,
vs.
_____,
Defendant.

Case No. _____

REQUEST FOR SCHEDULING
CONFERENCE

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

Date: _____

Signature

CERTIFICATE OF SERVICE

I certify that on (date) _____ I served a copy to: (name all parties in the case other than yourself)

(Name)

(Street or Post Office Address)

(City, State, and Zip Code)

- By United States mail
- By personal delivery
- By fax (number) _____

(Name)

(Street or Post Office Address)

(City, State, and Zip Code)

- By United States mail
- By personal delivery
- By fax (number) _____

Typed/printed name

Signature