
Full Name of Party Filing Document

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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. _____

MOTION

The Plaintiff Defendant requests the court (write what you want the judge to order and the reason for your request) _____

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