
Full Name of Party Filing this Document

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City, State, and Zip Code

Telephone Number

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

_____,
Plaintiff,
vs.
_____,
Defendant.

Case No.: _____

NOTICE OF HEARING

PLEASE TAKE NOTICE that the _____ filed herein on the
_____ 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, Latah County Courthouse, at 522 S. Adams (6th and
Van Buren) in Moscow , Idaho.

The 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 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)

(Name)

(Street or Post Office Address)

(City, State, and Zip Code)

Typed/printed name

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

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

Signature