
Full Name of Party Filing Document

Mailing Address (Street or Post Office Box)

City, State and Zip Code

Telephone

Email Address (if any)

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

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)

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

(Street or Post Office Address)

(City, State, and Zip Code)

(Name)

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

(Street or Post Office Address)

(City, State, and Zip Code)

Typed/printed name

Signature