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
	Case No
Plaintiff, vs.	REQUEST FOR TRIAL SETTING IN MAGISTRATE CASE
, Defendant.	
1. I want my case scheduled for trial.	
2. My case is for (for example, divorce, custody, mo	odification):
3. A jury has been timely requested. or] A jury was not timely requested.
4. I request mediation. or Mediation wo	buld not be helpful.
5. I will represent myself at trial. or I wi	Il have the following attorney appear at trial
for me	
6. Estimated trial time:	
7. I am NOT available for trial on these dates	:
8. Pretrial is requested not requested.	
Date:	
Typed/printed	Signature

CERTIFICATE OF SERVICE

I certify that on (date) yourself)	I served a copy to: (name all parties in the case other than
(Name) (Street or Post Office Address)	 By United States mail By personal delivery By fax (number)
(City, State, and Zip Code)	
(Name) (Street or Post Office Address)	 By United States mail By personal delivery By fax (number)
(City, State, and Zip Code)	
Typed/printed name	Signature