
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. _____
MOTION AND AFFIDAVIT
TO RETAIN

I, _____ Plaintiff Defendant, ask this court to
keep this case open.

I certify the case should not be dismissed because: _____

CERTIFICATION UNDER PENALTY OF PERJURY

I certify under penalty of perjury pursuant to the law of the State of Idaho that the
foregoing is true and correct.

Date: _____

Typed/printed

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