Full Name of Party Filing This Document

Mailing Address (Street or Post Office Box)

City, State and Zip Code

Telephone Number

Email Address (if any)

IN THE DISTRICT COURT OF THE JUDICIAL DISTRICT OF THE

STATE OF IDAHO, IN AND FOR THE COUNTY OF

|  |  |
| --- | --- |
|  , Plaintiff, vs. , Defendant. | Case No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CONSENT TO CONTINUEHEARING |

I am/represent the ⬜ Plaintiff ⬜ Defendant in this case. I agree the court may reschedule the hearing now scheduled for (date) .

I understand I must appear on the original date unless I receive a written notice rescheduling the hearing.

Date:

 Signature Plaintiff/Defendant/Attorney