
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 CONTINUE
HEARING

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