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City, State and Zip Code

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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 CONTINUE |

I, ⬜ Plaintiff ⬜ Defendant, ask this court to reschedule the hearing now scheduled for (date) .

I certify that the hearing should be rescheduled 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) (Street or Post Office Address) (City, State, and Zip Code) | * By United States mail
* By personal delivery
* By fax (number)
 |
|  (Name) (Street or Post Office Address) (City, State, and Zip Code) | * By United States mail
* By personal delivery
* By fax (number)
 |
|  Typed/printed name |  Signature |