
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 _____
SMALL CLAIMS DEPARTMENT

_____,
Plaintiff(s),

vs.

_____,
Defendant(s).

Case No. _____

MOTION TO CONTINUE
(RESCHEDULE) HEARING

I am the Plaintiff Defendant (check one) in this case. I am asking the court to
continue this hearing for:

- two weeks
- thirty days
- other: _____

I am unable to attend the hearing on the date scheduled because: _____

Date: _____

Signature