Full Name of Party Filing Document	
Mailing Address (Street or Post Office Box)	
City, State and Zip Code	
Telephone	
Email Address (if any)	
FOR THE STATE OF IDAHO, IN AND FOR	E JUDICIAL DISTRICT THE COUNTY OF 5 DEPARTMENT
	Case No.
Plaintiff(s), vs.	AFFIDAVIT AND MOTION TO CHANGE VENUE
Defendant(s).	
I,, certify	and state:
1. I am the Defendant in this case. I mo	ve to have this action transferred to County, pursuant to Idaho Code §1-2301.
The Plaintiff filed this action in	County. This is
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:	
	Signature