(Your name)	
(Address)	
(Telephone) Defendant, Pro Se	
IN THE DISTRICT COURT OF THE THE STATE OF IDAHO, IN AND FO	JUDICIAL DISTRICT OF
	CASE NO.
Plaintiff(s), vs.	NOTICE OF HEARING
Defendant(s).	
PLEASE TAKE NOTICE that the Motion	to Set Aside Default filed on the day of
, 20, by the Defendant	will come on for hearing on the day of
, 20, at o'clock _	m. in the County
Courthouse, located at	
DATE:	 Defendant

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CERTIFICATE OF SERVICE

I Certify I Served a copy to: (name all partic	es or their attorneys in the case, other than yourself)
(Name) (Street or Post Office Address) (City, State, and Zip Code)	[] By Mail [] By fax to (number) [] By personal delivery
(Name) (Street or Post Office Address) (City, State, and Zip Code) Date:	[] By Mail [] By fax to (number) [] By personal delivery
Signature	Typed/printed Name of Party Signing

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