
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 SET ASIDE DISMISSAL

I am the Plaintiff in this case. My claim was dismissed on (date) _____,
when I failed to appear at the hearing on my claim. I am asking the court to set aside the
judgment dismissing my claim. I was not able to be at the hearing on my claim because:

Date: _____

Signature