
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 _____

Plaintiff,
vs.

Defendant.

Case No. _____

REQUEST FOR TRIAL SETTING
IN MAGISTRATE CASE

1. I want my case scheduled for trial.
2. My case is for (for example, divorce, custody, modification): _____
3. A jury has been timely requested. **or** A jury was not timely requested.
4. I request mediation. **or** Mediation would not be helpful.
5. I will represent myself at trial. **or** I will have the following attorney appear at trial
for me _____
6. Estimated trial time: _____
7. I am NOT available for trial on these dates: _____

8. Pretrial is requested not requested.

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)

- By United States mail
- By personal delivery
- By fax (number) _____

(Street or Post Office Address)

(City, State, and Zip Code)

(Name)

- By United States mail
- By personal delivery
- By fax (number) _____

(Street or Post Office Address)

(City, State, and Zip Code)

Typed/printed name

Signature