

\_\_\_\_\_  
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

CERTIFICATE OF SERVICE

I certify that on (date) \_\_\_\_\_ I served a copy to: (name all parties in the case other than yourself)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Street or Post Office Address)

\_\_\_\_\_  
(City, State, and Zip Code)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Street or Post Office Address)

\_\_\_\_\_  
(City, State, and Zip Code)

\_\_\_\_\_  
Typed/printed name

- By United States mail
- By personal delivery
- By fax (number) \_\_\_\_\_
- By email to: \_\_\_\_\_

\_\_\_\_\_  
(If allowed)

- By United States mail
- By personal delivery
- By fax (number) \_\_\_\_\_
- By email to: \_\_\_\_\_

\_\_\_\_\_  
(If allowed)

\_\_\_\_\_  
Signature