
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 _____

Petitioner,

vs.

Respondent.

Petitioner or Co-Petitioner,

vs.

Respondent or Co-Petitioner.

MOTION TO CONSOLIDATE

Case No. _____

Case No. _____

There is more than one case involving the same parties or claims. The court should consolidate these cases. Rule 108, I.R.F.L.P. I/we ask for oral argument. Rule 501 (a)(3) I.R.F.L.P.

Date: _____

Typed/printed name

Signature

Date: _____

Typed/printed name

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