
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. _____

SMALL CLAIMS MOTION TO APPEAR
BY TELEPHONE

Plaintiff(s) / Defendant(s), (name) _____, ask(s):

to appear by telephone, my/our telephone number is _____,

to present the following witness(es)' testimony by telephone:

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

The trial is at _____ o'clock, _____ m. on (date) _____.

The reasons for this motion are: _____

Before the trial, I/we will submit all documents I/we want the court to consider.

Date: _____

Typed/printed

Signature

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)

(Street or Post Office Address)

(City, State, and Zip Code)

(Name)

(Street or Post Office Address)

(City, State, and Zip Code)

- 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)

Typed/printed name

Signature