
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.

Case No. _____

STIPULATION TO SHIELD RECORDS
FROM PUBLIC DISCLOSURE

I.C. §6-303A

The above-named parties agree and stipulate that the Court may shield from public disclosure all records in this case, based upon the following:

1. The case that we agree and stipulate to have shielded is eligible for such relief as it is an unlawful detainer case filed under Idaho Code section 6-303, and all of the following apply in this case.
2. The case was filed on or after January 1, 2025.
3. The entire case was dismissed.
4. There is no appeal pending for the case.
5. Both parties agree and stipulate that all records of the unlawful detainer be shielded from public disclosure.

6. We understand that if the court orders the records shielded from public disclosure, such shielding does not limit court staff from accessing any records or databases created or maintained by the courts. Records shielded from public disclosure may still be accessed at any time by the parties involved in the case.
7. We understand that the procedures to shield records from public disclosure are subject to the rules of the Idaho Supreme Court and the capabilities of its record-keeping system.

CERTIFICATION UNDER PENALTY OF PERJURY

I am the Plaintiff/Landlord Defendant/Tenant in this case, and I have read this document. I certify under penalty of perjury pursuant to the law of the State of Idaho that the foregoing is true and correct.

Date: _____

Typed/Printed Name

Signature

CERTIFICATION UNDER PENALTY OF PERJURY

I am the Plaintiff/Landlord Defendant/Tenant in this case, and I have read this document. I certify under penalty of perjury pursuant to the law of the State of Idaho that the foregoing is true and correct.

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)

- By mail
- By fax (number) _____
- By personal delivery
- By email to:

(If allowed)

(Name)

(Street or Post Office Address)

(City, State, and Zip Code)

- By mail
- By fax (number) _____
- By personal delivery
- By email to:

(If allowed)

Typed/printed name

Signature