
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. _____

SUMMONS

TO THE DEFENDANT(S):

YOU ARE NOTIFIED that a claim has been filed against you. The Plaintiff(s) who filed the claim, the court with which the claim is filed, and the case number assigned to your case are listed above.

IF YOU DISAGREE WITH THE CLAIM, AND IF YOU WANT TO CONTEST THE CLAIM, you must file an answer with the court within 20 days from the date you received this summons. IF YOU AGREE WITH THE CLAIM, AND DO NOT WISH TO CONTEST IT, NO ACTION NEED BE TAKEN BY YOU.

IF YOU DO NOT FILE YOUR ANSWER with the court within 20 days, the court may enter judgment against you, for the money or personal property that the Plaintiff asks for

in the claim, plus the Plaintiff's costs for filing the claim and serving you with notice of the claim.

IF YOU FILE AN ANSWER, you will be mailed a notice with the date and time for a hearing, when the judge will hear your case. IF YOU DO NOT WANT A HEARING DO NOT FILE THE ANSWER.

You should receive an ANSWER form along with this summons. You must use that form if you decide to file an answer. You can mail your answer to the Court Clerk's office for the above-listed Court at (mailing address, physical address if different, and telephone number of the court): _____

_____.

The answer must be received by the court within the 20-day deadline.

You should also receive a document called "INFORMATION FOR DEFENDANTS IN SMALL CLAIMS CASES" along with this Summons. A more detailed booklet which will take you step-by-step through the small claims court process is available upon request from the Clerk of the District Court in your county. This booklet has important information that will help you prepare for your hearing.

Favor de avisarnos antes de la fecha de la audiencia si usted necesitara un interprete en la corte.

Date: _____

CLERK OF THE DISTRICT COURT

Typed/printed name

By: _____
Deputy Clerk