
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. _____

AFFIDAVIT AND MOTION TO
CHANGE VENUE

I, _____, certify and state:

1. I am the Defendant in this case. I move to have this action transferred to _____
_____ County, pursuant to Idaho Code §1-2301.
2. The Plaintiff filed this action in _____ County. This is the wrong
county because: _____

CERTIFICATION UNDER PENALTY OF PERJURY

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