
Full Name of Party Filing This Document

Mailing Address (Street or Post Office Box)

City, State and Zip Code

Telephone Number

IN THE DISTRICT COURT OF THE _____ JUDICIAL DISTRICT OF THE
STATE OF IDAHO, IN AND FOR THE COUNTY OF _____

_____,
Plaintiff,
vs.
_____,
Defendant.

Case No.: _____

CONSENT TO CONTINUE
HEARING

I am/represent the Plaintiff Defendant in this case. I agree the court may reschedule the hearing now scheduled for (date) _____. I understand I must appear on the original date unless I receive a written notice rescheduling the hearing.

DATE: _____

Signature Plaintiff/Defendant/Attorney