
Full Name of Party Filing Document

Idaho State Bar No. _____

Mailing Address (Street or Post Office Box)

City, State and Zip Code

Telephone

Attorney for _____

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

Plaintiff,

vs.

Defendant.

Case No. _____

NOTICE OF COMPLETION OF
LIMITED PRO BONO APPEARANCE

The undersigned attorney hereby gives notice of completion of the Limited Pro Bono Appearance, dated _____, 20__ on behalf of _____, the _____ . I certify that I have completed the matters specified in paragraph 1 of the Notice of Limited Pro Bono Appearance and I hereby terminate my role in the above-entitled matter. This Notice of Completion of Limited Pro Bono Appearance is made pursuant to I.R.C.P. 11.4.

DATED this ____ day of _____, 2017.

Attorney for _____

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
- Overnight delivery/Fed Ex

(Name)

(Street or Post Office Address)

(City, State, and Zip Code)

- By mail
- By fax (number) _____
- By personal delivery
- Overnight delivery/Fed Ex

Typed/printed name

Signature