

**IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE  
STATE OF IDAHO, IN AND FOR THE COUNTY OF TWIN FALLS**

In Re CSRBA	)	Subcase _____ <small>(Insert water right number)</small>
	)	
Case No. 49576	)	<b>STANDARD FORM 3</b>
	)	
	)	<b>MOTION TO FILE AMENDED NOTICE OF CLAIM</b>
	)	
_____	)	

**INSTRUCTIONS**

This form is used to file an amendment to a Notice of Claim in a reporting area where the Director's Report has been filed. Forms may be obtained from the CSRBA Court, the Idaho Department of Water Resources (IDWR), or you may copy or reproduce this blank form.

The water right number for your amended claim must be indicated above in the blank space following "Subcase." You must use a **separate form for each** amended Notice of Claim.

By filing a *Motion to File an Amended Notice of Claim*, you certify that it is well-grounded in fact; is warranted by existing law or a good-faith argument for the extension, modification or reversal of existing law; and is not filed for any improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation.

A *Motion to File an Amended Notice of Claim* may require a hearing before the Presiding Judge or Special Master or may be granted by leave of the court or by written consent of the parties and the Idaho Department of Water Resources. Leave to amend a claim shall be freely given when justice so requires.

I have read *CSRBA Administrative Order 1*, Rules of Procedure.

My name is \_\_\_\_\_

My address is \_\_\_\_\_

My phone number is:            work \_\_\_\_\_ Home \_\_\_\_\_

I am an attorney representing \_\_\_\_\_

My name is \_\_\_\_\_

My address is \_\_\_\_\_

My phone number is \_\_\_\_\_

I must amend my Notice of Claim to the use of water in the CSRBA because:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I am providing legal and factual documentation to support my amended Notice of Claim. You must describe these documents and attach a readable copy.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I have attached:

- A fully completed amended Notice of Claim (available from IDWR).
- Any additional claim filing fee required pursuant to I.C. §42-1414(2). To determine this amount, contact IDWR at (800) 451-4129.

I have enclosed a check payable to: State of Idaho Department of Water Resources in the amount of \$\_\_\_\_\_.

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**(Signature of person filing motion)**

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**(Attorney signing in representative capacity)**

### **INSTRUCTIONS FOR MAILING**

You must mail this motion to the Clerk of the court. **FAX filings will not be accepted.** You must also send a copy to all the parties listed below in the Certificate of Mailing.

### **CERTIFICATE OF MAILING**

I certify that on \_\_\_\_\_, 20\_\_\_, I mailed the original and copies of this motion, including all attachments, to the following persons:

1. Original to:

Clerk of the District Court  
Coeur d'Alene-Spokane River Basin Adjudication  
253 Third Avenue North  
PO Box 2707  
Twin Falls, ID 83303-2707

2. One copy to each party involved in the Subcase, including the claimant, all objectors, respondents and any party granted participation. Attach a list of names and addresses.

3. Copies to:

IDWR Document Depository  
PO Box 83720  
Boise, ID 83720-0098

United States Department of Justice  
Environment & Nat'l Resources Div  
550 W Fort Street, MSC 033  
Boise, ID 83724

Chief, Natural Resources Division  
Office of the Attorney General  
State of Idaho  
PO Box 83720  
Boise, ID 83720-0010

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Signature of Movant or attorney  
mailing on Movant's behalf