Filed: 08/05/2025 11:31:21 Third Judicial District, Payette County Lindsey Bratcher, Clerk of the Court By: Deputy Clerk - Northrop, Kami

FCI Phoenix	
Stace Jones Lyne S. Full Name of Party Filing Document	4938048
3 79 L LI LIST AIN	
Mailing Address (Street or Post Office Box)	
Phirenix AZ 85066	
City, State and Zip Code	
Telephone	
Тетернопе	
Email Address (if any)	
IN THE DISTRICT COURT FOR THE FOR THE STATE OF IDAHO, IN AND FOR T	and the same of th
TORTHE STATE OF IDAHO, IN AND FOR T	THE GOONT TOP
State of Idaho	Case No
Plaintiff, vs.	MOTION
Defendant.	
The Plaintiff Defendant requests the	COURT (write what you want the judge to order and the
- A	dercel Custode) at FCT
Phoenix in Phoenix AZ. I am	Scheduled to Pelease on
10-30-25, I am restedfi	my requesting that the
Courts would callow m	e to Seif-Surrender to
the Ada county Sail	in Boscio On
November 3rd, 2025	. I respectfully regust
this SU I may have a	x few days to speak with
family and Prefore for the	e Journey that Lies aheady
and also that to not Pose	a firsht prokund do not
have a history of falline	to allease. Thank Joh
Date: 7-28-25	Shur Jandres
	Signature

CERTIFICATE OF SERVICE

I certify that on (date)	I served a	a cop	by to: (name all parties in the	case other than
yourself)				
(Name) (Street or Post Office Address)			By United States mail By personal delivery By fax (number)	
(City, State, and Zip Code)				
(Name) (Street or Post Office Address)			By United States mail By personal delivery By fax (number)	
(City, State, and Zip Code)				
Typed/printed name		Sign	nature	

FCI Phoenix	
States James Words - Full Name of Party Filing Document	54738648
37910 N 45th Ave	
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 T	THE COUNTY OF Payette
Strike of Tlolon	Case No. <u>CR38-25-\295</u>
Plaintiff,	AFFIDAVIT
vs.	ALLIDAVII
Stacky Works.	
Defendant.	
1, Storey James Wender	certify:
I am the Plaintiff Defendant in the above	
I for this mortion is 9	Monted T Cestify and
eyers to Sert Surrade	c to the ADA County That
on Monday Movember	3 Rd, 2025 Cit B:00 Am.
I also Certify I Will	be Staying at the
Interfaith Sonethary	ocated at 1620 West
pres St. In Bose an E	3702, in the reguest is
	eand Current number
	7241 My Grefford
	y referree whose number is
208-591-9600 and Wh	
	Id 83647, and my Mother
amara Johnson With	Phone H (406) 539-9465
TYCK II SICKED IV I III (AND)CI	/ I JOHN DINGUL

A				
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: 7-28-25				
Typed/printed	Signature Signature			

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)	By United States mail By personal delivery By fax (number)
(City, State, and Zip Code)	
(Name)	☐ By United States mail
(Street or Post Office Address)	By personal delivery By fax (number)
(City, State, and Zip Code)	
Typed/printed name	Signature