
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 _____

_____,

Father

vs.

_____,

Mother

_____,

Petitioner or Co-Petitioner,

vs.

_____,

Respondent or Co-Petitioner.

ORDER TO CONSOLIDATE

Case No. _____

Case No. _____

IT IS ORDERED the above-named cases are consolidated. All further pleadings shall be filed only in Case No. _____.

Date: _____

Judge

CLERK'S CERTIFICATE OF SERVICE

I certify that a copy of this Order was served:

(Name)

(Street or Post Office Address)

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- By United States mail
- By personal delivery
- By fax (number) _____

(Name)

(Street or Post Office Address)

(City, State, and Zip Code)

- By United States mail
- By personal delivery
- By fax (number) _____

Date: _____

Deputy Clerk