
Full Name of Party Filing This Document

Mailing Address (Street or Post Office Box)

City, State and Zip Code

Telephone Number

Email Address (if any)

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

State of Idaho, Department of Health and
Welfare, Division of Child Support
Enforcement,

Petitioner,

vs.

Respondent.

Case No.:

MOTION FOR INTERVENTION

Under Rule 211, I.R.F.L.P. I, (your name) _____, ask the
court's permission to intervene as a party in this case and certifies:

1. The above-entitled action was filed by the State of Idaho, Department of Health and Welfare to establish paternity and order support of the following child/ren:

Name(s) of Child/ren

Date(s) of Birth

_____	_____
_____	_____
_____	_____
_____	_____

2. I am the mother father of the minor child/ren and have an unconditional right to intervene in this action.
3. I want to modify the child support provisions of the Court's most recent Child Support Order, based upon a substantial and material change in the circumstances of one or both parents, and/or obtain an order respecting custody of the minor child/ren.
4. Both as a matter of right and in the interest of judicial economy, I should be allowed to intervene in this case in order to file documents.
5. I ask that the future case caption name both parents as Co-Respondents.
6. I ask that the Court grant this Motion without requiring a hearing. **or** I ask that the Court set a hearing and I am filing a Notice of Hearing.

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: _____

Typed/Printed Name

Signature

CERTIFICATE OF SERVICE

I certify that on (date) _____, I served a copy to: (name all parties in the case other than yourself)

State of Idaho, Department of Health
And Welfare, Division of Child Support
Enforcement

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

(Street or Post Office Address)

(City, State, and Zip Code)

(Name)

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

(Street or Post Office Address)

(City, State, and Zip Code)

(Name)

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

(Street or Post Office Address)

(City, State, and Zip Code)

Typed/printed name

Signature