
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 _____

In the Matter of

DOB: _____
_____ a Minor.

Case No.: _____

REQUEST FOR NOTICE BY
INTERESTED PERSON

1. My name is _____.
2. I am interested in the welfare of the minor pursuant to Idaho Code §15-5-406.
3. My interest in these proceedings is _____

_____.
4. I request that a copy of all future petitions, applications and filings be hand delivered or mailed to my address, which is listed above.

Date: _____

Signature

Typed/Printed Name

CERTIFICATE OF SERVICE

I certify I served a copy to: (name all parties or their attorneys in the case, other than yourself)

(Name)

(Street or Post Office Address)

(City, State, and Zip Code)

- By Mail
- By fax to (number)_____
- By personal delivery

(Name)

(Street or Post Office Address)

(City, State, and Zip Code)

- By Mail
- By fax to (number)_____
- By personal delivery

(Name)

(Street or Post Office Address)

(City, State, and Zip Code)

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- By personal delivery

Date: _____

Typed/Printed Name

Signature