
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 _____

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

Petitioner,

vs.

and _____,
Co-Respondents.

Case No. _____

NOTICE OF HEARING ON
MOTION FOR
JOINDER OF PARTY

NOTICE IS GIVEN that the Motion for Joinder of Party will come before the court for
hearing on the _____ day of _____, 20_____,
at the hour of _____ .m., at the _____
County Courthouse, (street address, city and state of courthouse) _____

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