
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 _____

_____,
PETITIONER,
vs.
_____,
RESPONDENT.

State of Idaho, Department of Health and
Welfare

Case No. _____

NOTICE OF APPEARANCE

Fee Category: I. _____

Filing Fee: \$ _____

TO: CLERK OF THE ABOVE DISTRICT COURT: I represent myself. All pleadings,
motions, notices, or other papers should be served on me.

I certify that on (date) _____ I served a copy to:

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

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

(Street or Post Office Address)

(City, State, and Zip Code)

(Name and Address of other Parent)

By mail

By fax (number) _____

By personal delivery

(Name)

(Street or Post Office Address)

(City, State, and Zip Code)

Typed/printed name

Signature