

\_\_\_\_\_  
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

\_\_\_\_\_,  
Mother

State of Idaho, Department of Health and  
Welfare,

\_\_\_\_\_,  
Plaintiff or Co-Petitioner,

vs.

\_\_\_\_\_,  
Defendant or Co-Petitioner.

STIPULATION TO CONSOLIDATE

Case No. \_\_\_\_\_

Case No. \_\_\_\_\_

An action for  Divorce  Custody has been filed. These cases involve issues relating to the child/ren of the above-named parents. We ask the court to consolidate the cases. Rule 42(a), I.R.C.P.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Attorney for Department of H&W

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent