
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.

Case No. _____

JUDGMENT ENFORCING
PARENTING TIME
(I.R.F.L.P. 816)

JUDGMENT IS ENTERED AS FOLLOWS

For the following minor child/ren:

Name

Date of Birth

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

1. The custody Order, Judgment, or Decree (Decree) entered on _____ is enforced as follows, pursuant to Rule 816 of the Idaho Rules of Family Law Procedure.

a. The Court finds that there is good cause and that it is in the best interests of the minor child/ren to enter a temporary order as follows:

A. Compensatory (make up) parenting time:

B. Temporarily modify the transportation and exchange arrangements:

C. Clarify the Decree:

D. Other:

b. Enters a money judgment in favor of _____
and against _____ in the amount
of \$_____ for the following purpose: _____.

c. Enters an order, pursuant to Chapter 14, Title 7, Idaho Code, suspending (Name):
_____’s

(check all that apply)

- driving privileges for _____ days,
- business licenses for _____ days, and/or
- hunting/fishing/trapping license for _____ days.

d. Appoint a parenting coordinator pursuant to Rule 1002 of the Idaho Rules of Family
Law Procedure. A separate order will follow.

e. Sanction _____ for bad faith conduct as follows:

- A. Award to _____ and against
_____ attorney fees in the amount of \$_____
 costs in the amount of \$_____ pursuant to Rules 901(a)(2), 902 and
816(h)(5) of the Idaho Rules of Family Law Procedure, and other applicable law

B. Other sanctions: _____

_____.

f. Other relief ordered:

2. All terms of the Court’s prior Order(s), Judgment(s), or Decrees(s) not modified by this
Judgment remain in full force and effect.

Date: _____

Judge

CLERK'S CERTIFICATE OF SERVICE

I certify that a copy of this Judgment was served:

(Name)

(Street or Post Office Address)

(City, State, and Zip Code)

- By United States mail
- By personal delivery
- By fax (number) _____
- By email to: _____

(If allowed)

(Name)

(Street or Post Office Address)

(City, State, and Zip Code)

- By United States mail
- By personal delivery
- By fax (number) _____
- By email to: _____

(If allowed)

(Name)

(Street or Post Office Address)

(City, State, and Zip Code)

- By United States mail
- By personal delivery
- By fax (number) _____
- By email to: _____

(If allowed)

Date: _____

Deputy Clerk