
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. _____

NOTICE OF HEARING ON MOTION TO
TERMINATE INCOME WITHHOLDING
ORDER FOR CHILD SUPPORT

A Motion and Affidavit to Terminate Income Withholding has been filed by (name)

_____.

Such Motion will be heard at _____ o'clock _____.m. on (date) _____
in courtroom number _____ at the (county) _____ County Courthouse,
(address) _____.

Date: _____

CLERK OF THE DISTRICT COURT

Typed/printed name

By: _____
Deputy Clerk

CLERK'S CERTIFICATE OF SERVICE

I certify that a copy of this Notice was served:

(Name)

(Street or Post Office Address)

(City, State, and Zip Code)

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

(Name)

(Street or Post Office Address)

(City, State, and Zip Code)

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

Date: _____

Deputy Clerk