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 COURT ORDERED TERMS OTHER THAN PARENTING TIME(I.R.F.L.P. 815)  |
|  |  |

JUDGMENT IS ENTERED AS FOLLOWS

**1.** The Order, Judgment, or Decree entered on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is enforced as follows, pursuant to Rule 815 of the Idaho Rules of Family Law Procedure.

1. ⬜ **Money Judgment.** Judgment is entered in favor of and against in the amount of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
2. ⬜ **Compliance by Specific Date.** The Court orders to comply with the sections of the court order as follows:

This must be completed ⬜ by or ⬜ on (date):

1. ⬜ **Clarifying.** The Court clarifies the terms of the Decree as follows:

1. ⬜ **Sanctioning**. The Court sanctions \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for bad faith conduct as follows:
	1. ⬜ Award to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and against \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ⬜ attorney fees in the amount of $\_\_\_\_\_\_\_\_ ⬜ costs in the amount of $\_\_\_\_\_\_\_\_ pursuant to Rules 901(a)(2), 902 and 815(e)(5) of the Idaho Rules of Family Law Procedure, and other applicable law
	2. ⬜ Other sanctions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
2. ⬜ 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 |