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.

Case No.

REQUEST FOR HEARING ON REGISTRATION OF A CHILD CUSTODY DETERMINATION

Respondent.

- 1. I request a hearing to contest the validity of the registered child custody determination filed by (name of person who filed application for registration):
- 2. The reason I contest the registration is:

(check the box that explains your reason)

The issuing court did not have jurisdiction under the UCCJEA; or

The child custody determination sought to be registered has been vacated,

stayed or modified by a court having jurisdiction to do so under the UCCJEA, in

the following court \_\_\_\_\_\_, in case number \_\_\_\_\_\_,

\_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_

## and/or

☐ I was entitled to notice, but notice was not given in accordance with the standards of section 32-11-108 Idaho Code, in the proceedings before the court that issued the order for which registration is sought.

## **CERTIFICATION UNDER PENALTY OF PERJURY**

I certify under penalty of perjury pure	suant to the law of the State of Idaho that the
foregoing is true and correct.	
Date:	_
Typed/Printed Name	Signature
CERT	TIFICATE OF SERVICE
I certify that on (date) yourself)	I served a copy to: (name all parties in the case other than
(Name) (Street or Post Office Address)	<ul> <li>By mail</li> <li>By fax (number)</li> <li>By personal delivery</li> <li>Overnight delivery/Fed Ex</li> </ul>
(City, State, and Zip Code)	
(Name)	By mail By fax (number) By personal delivery
(Street or Post Office Address)	Overnight delivery/Fed Ex
(City, State, and Zip Code)	
Typed/printed name	Signature