
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
vs.

Mother

Petitioner or Co-Petitioner,
vs.

Respondent or Co-Petitioner.

NOTICE OF HEARING
MOTION TO CONSOLIDATE

Case No. _____

Case No. _____

The Motion to Consolidate will be heard on the _____ day of _____,
20____, at the hour of _____ .m., at the _____ County
courthouse, located at (street address and city of courthouse) _____
_____, Idaho.

Date: _____

Typed/printed

Signature

CERTIFICATE OF SERVICE

I certify that on (date) _____ I served a copy to: (name all parties in the case other than yourself)

(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) _____

Typed/printed name

Signature