

\_\_\_\_\_  
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.  
State of Idaho, Department of Health and Welfare

Case No. \_\_\_\_\_  
NOTICE OF INTENT TO TAKE  
DEFAULT

TO: \_\_\_\_\_, Deputy Attorney General for the  
State of Idaho Department of Health and Welfare:

You are notified Father intends to ask the Court to enter your default on his Motion to  
Modify on six days from the date of the Affidavit of Service below.

**Or**

You are notified Mother intends to ask the Court to enter your default on her Motion to  
Modify on six days from the date of the Affidavit of Service below.

CERTIFICATE OF SERVICE

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

State of Idaho, Department of Health  
And Welfare, Division of Child Support  
Enforcement

\_\_\_\_\_  
(Street or Post Office Address)

\_\_\_\_\_  
(City, State, and Zip Code)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Street or Post Office Address)

\_\_\_\_\_  
(City, State, and Zip Code)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Street or Post Office Address)

\_\_\_\_\_  
(City, State, and Zip Code)

- By mail
- By fax (number) \_\_\_\_\_
- By personal delivery
- Overnight delivery/Fed Ex

- By mail
- By fax (number) \_\_\_\_\_
- By personal delivery
- Overnight delivery/Fed Ex

- By mail
- By fax (number) \_\_\_\_\_
- By personal delivery
- Overnight delivery/Fed Ex

\_\_\_\_\_  
Typed/printed name

\_\_\_\_\_  
Signature (Father)

\_\_\_\_\_  
Typed/printed name

\_\_\_\_\_  
Signature (Mother)