

\_\_\_\_\_  
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.

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

Case No. \_\_\_\_\_

NOTICE OF HEARING  
(GENETIC TESTS)

NOTICE IS GIVEN that the Motion for Order for Genetic Tests will come before the  
court for hearing on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, at the  
hour of \_\_\_\_\_ .m., at the \_\_\_\_\_ County Courthouse,  
(street address, city and state of courthouse) \_\_\_\_\_

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)

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

- By mail
- By personal delivery
- By fax (number) \_\_\_\_\_

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

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

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

- By mail
- By personal delivery
- By fax (number) \_\_\_\_\_

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

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

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

- By mail
- By personal delivery
- By fax (number) \_\_\_\_\_

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

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

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

\_\_\_\_\_  
Signature