
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

_____,
Mother

State of Idaho, Department of Health and
Welfare,

_____,
Petitioner or Co-Petitioner,

vs.

_____,
Respondent or Co-Petitioner.

ORDER TO CONSOLIDATE

Case No. _____

Case No. _____

IT IS ORDERED the above-named cases are consolidated. All further pleadings shall
be filed only in Case No. _____.

Date: _____

Judge

CLERK'S CERTIFICATE OF SERVICE

I certify that a copy of this Order was served:

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

- By United States mail
- By personal delivery
- By fax (number) _____

(Street or Post Office Address)

(City, State, and Zip Code)

(Name)

- By United States mail
- By personal delivery
- By fax (number) _____

(Street or Post Office Address)

(City, State, and Zip Code)

(Name)

- By United States mail
- By personal delivery
- By fax (number) _____

(Street or Post Office Address)

(City, State, and Zip Code)

Date: _____

Deputy Clerk