

\_\_\_\_\_  
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 \_\_\_\_\_

State Of Idaho, Department of Health and  
Welfare, Division of Child Support  
Enforcement,

Petitioner,

vs.

\_\_\_\_\_  
and \_\_\_\_\_,  
Co-Respondents.

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

MOTION FOR  
JOINDER OF PARTY

Under Rule I.R.F.L.P. 211, I, (your name) \_\_\_\_\_, want to  
obtain an Order joining the other parent as a party in this action and swear under oath:

1. The above-entitled action was filed by the State of Idaho, Department of Health  
and Welfare to establish paternity and order support of the following child/ren:

<u>Name(s) of Child/ren</u>	<u>Date(s) of Birth</u>
_____	_____
_____	_____
_____	_____
_____	_____

2. I am the  mother  father of the minor child/ren and an interested party with  
regard to all issues relating to my child/ren.

3. I want to  modify the child support provisions of the court's most recent Child Support Order, based upon a substantial and material permanent change in the circumstances of one or both parties, **and/or**  obtain an order respecting custody and visitation of the minor child/ren.
4. Both as a matter of right and in the interest of judicial economy the other parent, (name) \_\_\_\_\_ should be joined in this case.
5. I ask that the future case caption name both parents as Co-Respondents.
6. I ask that the court grant this Motion without requiring a hearing. **or**  I ask that the Court set a hearing and I am filing a Notice of Hearing.

**CERTIFICATION UNDER PENALTY OF PERJURY**

I certify under penalty of perjury pursuant to the law of the State of Idaho that the foregoing is true and correct.

Date: \_\_\_\_\_

\_\_\_\_\_  
Typed/Printed Name

\_\_\_\_\_  
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

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

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

- By mail
- By personal delivery
- By fax (number) \_\_\_\_\_
- By email to: \_\_\_\_\_

\_\_\_\_\_  
(If allowed)

- By mail
- By personal delivery
- By fax (number) \_\_\_\_\_
- By email to: \_\_\_\_\_

\_\_\_\_\_  
(If allowed)

- By mail
- By personal delivery
- By fax (number) \_\_\_\_\_
- By email to: \_\_\_\_\_

\_\_\_\_\_  
(If allowed)

\_\_\_\_\_  
Signature