

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. _____

MOTION AND AFFIDAVIT
FOR ENTRY OF DEFAULT

☐ Father ☐ Mother moves this Court for Entry of Default on the grounds that _____, having (a) received notice by personal service; or (b) been served by publication, has failed to appear within the time period for answering the Complaint in the above-entitled matter. This motion is made pursuant to Rule 301(a) of the Idaho Rules of Family Law Procedure and the pleadings filed herein.

I certify:

1. I am a parent in this action.
2. Proof of service upon _____ is on file in this case.
3. The defaulting party has failed to answer or defend the above-entitled matter as required by law within twenty-one (21) days of the date of service.
4. The defaulting party is mentally competent and over the age of eighteen (18) years.
5. ☐ The defaulting party is not in the uniformed services as defined by the Servicemembers Civil Relief Act of 2003; I know this because _____

_____ or ☐ I am unable to determine whether the defaulting party is in the uniformed

services as defined by the Servicemembers Civil Relief Act of 2003,

or ☐ The defaulting party is in the uniformed services as defined by the Servicemembers Civil Relief Act of 2003, and has waived in writing his/her rights under the Act.

6. I certify the name of the defaulting party is _____,
and the address most likely to give the defaulting party notice of entry of judgment of
default is (address) _____
_____.

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