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
	Case No.
PETITIONER, vs.	DEFAULT
, RESPONDENT.	
State of Idaho, Department of Health and Welfare	
☐ Father, ☐ Mother, ☐ Deputy Attorney	General for the State of Idaho, Department
of Health and Welfare was served and has fa	iled to plead or otherwise defend within the
time allowed;	
THEREFORE, default is entered against	
Date:	
<u></u>	Judge