
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

Petitioner or Co-Petitioner,

vs.

Respondent or Co-Petitioner.

MOTION TO CONSOLIDATE

Case No. _____

Case No. _____

There is more than one case involving the same parties or claims. The court should consolidate these cases. Rule 106, IRFLP. I/we ask for oral argument. Rule 501.c.3 IRFLP.

Date: _____

Signature of Parent

Date: _____

Signature of Parent

CERTIFICATE OF SERVICE

I certify that on (date) _____ I served a copy to: (name all parties in the case other than yourself)

(Name)

(Street or Post Office Address)

(City, State, and Zip Code)

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

(Name)

(Street or Post Office Address)

(City, State, and Zip Code)

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

Typed/printed name

Signature