

\_\_\_\_\_  
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. \_\_\_\_\_

RESPONSE

Fee Category: \_\_\_\_\_

Filing Fee: \$\_\_\_\_\_

(Your name) \_\_\_\_\_, for his/her Response to the

\_\_\_\_\_

states:

1. I completely agree with and admit the following paragraphs (list each paragraph number):

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

2. I admit the portion of paragraph \_\_\_\_\_, that states: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ and I deny everything else in that paragraph.

3. I admit the portion of paragraph \_\_\_\_\_, that states: \_\_\_\_\_

\_\_\_\_\_ and I deny everything else in that paragraph.

4. I deny the following paragraphs because I do not have enough information to admit or deny them (list each paragraph number): \_\_\_\_\_

5. I completely disagree with and deny everything I do not admit.

6.  I want the Petition dismissed.

**AFFIRMATIVE DEFENSE(S)**

(State each affirmative defense that applies in a separate paragraph – see I.R.F.L.P. 208(C))

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

I certify I have read this Response and state that all facts included are true.

I ask the Court to enter any order requested above.

**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

- By mail
- By fax (number) \_\_\_\_\_
- By personal delivery

\_\_\_\_\_  
(Street or Post Office Address)

\_\_\_\_\_  
(City, State, and Zip Code)

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

- By mail
- By fax (number) \_\_\_\_\_
- By personal delivery

\_\_\_\_\_  
(Street or Post Office Address)

\_\_\_\_\_  
(City, State, and Zip Code)

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

- By mail
- By fax (number) \_\_\_\_\_
- By personal delivery

\_\_\_\_\_  
(Street or Post Office Address)

\_\_\_\_\_  
(City, State, and Zip Code)

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

\_\_\_\_\_  
Signature