

In the Supreme Court of the State of Idaho

**IN RE: COURT ASSISTANCE OFFICE)
FORMS)**

ORDER APPROVING CAO FORMS

The Court, having received a recommendation from the Court Assistance Office Committee that certain amended forms be approved for statewide use and distribution through Court Assistance Offices, and certain previously approved forms be removed from the approved list, and the Court being fully informed;

IT IS ORDERED that the following forms, which are attached to this order as Schedule A, are approved and adopted for statewide use and distribution through Court Assistance Offices and on the Court's website:

CAO FL 1-3 Summons

CAO FL 1-7 Another Summons on Amended Petition

CAO FL 1-5 Order for Service

CAO FL 1-11 Affidavit Verifying Income

CAO GCS 1-11 Affidavit Verifying Income

CAO FL 3-2 Family Case Response (No Children)

CAO FL 3-4 Family Case Response and Counterclaim (No Children)

CAO FL 3-3 Family Case Response (With Children)

CAO FL 3-5 Family Case Response and Counterclaim (With Children)

CAO GCS 3-2 Response

CAO FL 4-7 Motion for Order for Genetic Tests

CAO FL 4-14 Order for Genetic Tests

CAO FL 4-18 Motion to Consolidate

CAO GCS 4-18 Motion to Consolidate

CAO FL 4-20 Stipulation to Consolidate

CAO GCS 4-20 Stipulation to Consolidate

CAO FL 6-1 Stipulation for Entry of Order, Judgment or Decree

CAO GCS 6-9 Stipulation for Entry of Order, Judgment or Decree

CAO D 6-8 Stipulation for Entry of Decree of Divorce

CAO FL 7-1 Motion and Affidavit for Entry of Default

CAO GCS 7-1 Motion and Affidavit for Entry of Default

CAO FL 7-2 Motion and Affidavit for Entry of Default on Counterclaim

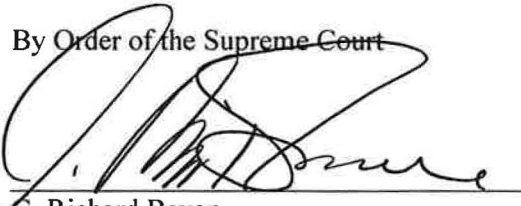
CAO FL 7-6 Motion and Affidavit for Entry of Default (Generic)

- CAO FLE 1-1 Notice of Registration of a Child Custody Determination
- CAO GCS 4-1 Motion for Intervention
- CAO GCS 4-3 Motion for Joinder of Party
- CAO Cv 5-1 Subpoena
- CAO GCS 5-1 Subpoena
- CAO GCS 5-2 Affidavit of Service of Subpoena
- CAO FL 4-6 Order for Change of Venue


Until further order of this court, these forms shall be accepted by courts and clerks, subject to the right of a judge to refuse to accept a form when, through a change in the substantive law, the form has become out of date or inappropriate. The local court shall not require modifications of these forms.

IT IS FURTHER ORDERED, that the effective date of this order shall be January 1, 2025.

Dated this 9th day of December, 2024.

By Order of the Supreme Court

 G. Richard Bevan
 Chief Justice, Idaho Supreme Court

ATTEST: 
 Melanie Gagnepain, Clerk

I, Melanie Gagnepain, Clerk of the Supreme Court/
 Court of Appeals of the State of Idaho, do hereby
 Certify that the above is a true and correct copy of the
Order Approving CAO Forms entered in the above entitled
 cause and now on record in my office. WITNESS my
 hand and the Seal of this Court 12-9-24
 Melanie Gagnepain, Clerk
 By  Deputy

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.

Case No. _____

SUMMONS

NOTICE: You have been sued. The court may enter judgment against you without further notice unless you respond. Read the information below.

Served with this Summons is/are copy/copies of the Petition

- Order to Attend parent education program
- Joint Temporary Restraining Order (Children)
- Joint Temporary Restraining Order (Property)

If you want to defend this lawsuit, you must file a written response (Response to the Petition or appropriate Rule 206 I.R.F.L.P. Motion) to the Petition at the Court Clerk's office for the above-listed District Court at: [mailing address, physical address (if different from the mailing address) and telephone number of the district court clerk] _____

_____ within 21 days from the service of this
Summons.

If you do not file a written response the court may enter a judgment against you without further notice. A letter to the Judge is not an appropriate written response.

The written response must comply with Rule 205 and other Idaho Rules of Family Law Procedure and include: your name, mailing address and telephone number; or your attorney's name, mailing address and telephone number; and the title and number of this case.

If your written response is a Response to the Petition, it must state the things you agree with and those you disagree with that are in the Petition. You must also state any defenses you have.

You must mail or deliver a copy of your response to the moving party or the moving party's attorney (at the address listed above), and prove that you did.

To determine whether you must pay a filing fee with your response, contact the Clerk of the District Court.

If you are considering talking to an attorney, you should do so quickly to protect your legal rights.

Date: _____

CLERK OF THE DISTRICT COURT

By: _____
Deputy Clerk

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.

Case No. _____

ANOTHER SUMMONS ON
AMENDED PETITION

Notice

You have been sued. The court may enter judgment against you without further notice unless you respond. Read the information below.

If you want to defend this lawsuit, you must file a written response (Response to the Petition or appropriate Rule 206 I.R.F.L.P. Motion) to the Amended Petition at the Clerk of the District Court's office at: (mailing address, physical address if different, and telephone number of the court): _____

_____, within
14 days from now or within the original 21 days from the service of the Summons,
whichever is longer.

If you do not file a Response or appropriate Motion the court may enter a judgment against you without further notice. A letter to the Judge is not an appropriate written response.

The written response must comply with Rule 205 and other Idaho Rules of Family Law Procedure and include: your name, mailing address and telephone number; or your

attorney's name, mailing address and telephone number; and the title and number of this case.

If your written response is a Response to the Petition, it must state the things you agree with and those you disagree with that are in the Amended Petition. You must also state any defenses you have.

You must mail or deliver a copy of your response to the Petitioner or Petitioner's attorney (at the address listed above), and prove that you did.

To determine whether you must pay a filing fee with your response, contact the Clerk of the District Court.

If you are considering talking to an attorney, you should do so quickly to protect your legal rights.

Date: _____

CLERK OF THE DISTRICT COURT

Typed/printed name

By: _____
Deputy Clerk

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.

Case No. _____

ORDER FOR SERVICE

After examining the record, Petitioner's Respondent's Verified Petition, Motion and Affidavit for Service, the Court finds the Petitioner Respondent is a necessary and proper party.

After due diligence, Petitioner's Respondent's current whereabouts are unknown, and IT IS ORDERED that service of the Summons be made by publication, in the (name of newspaper), _____ a newspaper published and printed at (location), _____, the newspaper most likely to give notice. Publication shall be made at least once a week for four (4) consecutive weeks. Within ten days of this Order, Petitioner Respondent shall also mail a copy of the Summons and Petition to the Petitioner Respondent at his/her last known street or post office address. Or

Petitioner's Respondent's request for an order to serve by publication is denied, and personal service IS ORDERED by having a copy of the Summons and the Petition and Order to Attend parent education program Temporary Restraining Order (Property) Temporary Restraining Order (Children) other _____ handed personally to Petitioner Respondent or left at Petitioner's

Respondent's residence with someone over the age of 18 residing there, as set out in Rule 204(e) of the Idaho Rules of Family Law Procedure.

Date: _____
Judge _____

Copy served on Petitioner Respondent by hand-delivery email mail to address shown above.

Date: _____ CLERK OF THE DISTRICT COURT

Typed/printed name By: _____
Deputy Clerk

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.

Case No. _____

AFFIDAVIT VERIFYING INCOME

I hereby certify that the following information is true:

A. GROSS INCOME (I.R.F.L.P. 120 Section (e))

1. Wages, salary, commissions, bonuses, etc.
2. Rent, royalties, trade, or business income, etc.
(net of ordinary & necessary expenses)
3. Interest, dividends, pensions, annuities, etc.
4. Social security, worker's compensation, disability,
unemployment benefits, veterans' benefits, etc.
5. Public assistance, welfare for self (not children)
6. Alimony
7. Grants, distributions from trusts, etc.
8. Other
9. SUBTOTAL

Your Name

Other Parent's
Name

Your Name	Other Parent's Name
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

	Your Name	Other Parent's Name
B. DEDUCTIONS FROM GROSS INCOME (I.R.F.L.P. 120 Sections (e) and (f))	_____	_____
1. Straight line depreciation on assets	_____	_____
2. One-half of self-employment Social Security taxes	_____	_____
3. Child support & alimony from another relationship	_____	_____
4. Support for child of another relationship living in the home	_____	_____
5. DEDUCTIONS SUBTOTAL	_____	_____
C. GROSS INCOME, AS ADJUSTED (line B5 subtracted from line A9)	_____	_____
D. IN-KIND BENEFITS (I.R.F.L.P. Section (e)(2)) (housing, food, transportation, recreation)	_____	_____
E. POTENTIAL INCOME (I.R.F.L.P. Section (e)(3)) Potential earned income + Potential unearned income	_____	_____
F. GUIDELINES INCOME (C + D + E)	_____	_____
G. MONTHLY I.C.S.G. INCOME (F ÷ 12 months)	_____	_____

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

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. _____

AFFIDAVIT VERIFYING INCOME

I hereby certify that the following information is true:

A. GROSS INCOME (I.R.F.L.P. 120 Section (e))

1. Wages, salary, commissions, bonuses, etc.
2. Rent, royalties, trade, or business income, etc.
(net of ordinary & necessary expenses)
3. Interest, dividends, pensions, annuities, etc.
4. Social security, worker's compensation, disability,
unemployment benefits, veterans' benefits, etc.
5. Public assistance, welfare for self (not children)
6. Alimony
7. Grants, distributions from trusts, etc.
8. Other
9. SUBTOTAL

Your Name

Other Parent's
Name

Your Name	Other Parent's Name
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

	Your Name	Other Parent's Name
B. DEDUCTIONS FROM GROSS INCOME (I.R.F.L.P. 120 Sections (e) and (f))	_____	_____
1. Straight line depreciation on assets	_____	_____
2. One-half of self-employment Social Security taxes	_____	_____
3. Child support & alimony from another relationship	_____	_____
4. Support for child of another relationship living in the home	_____	_____
5. DEDUCTIONS SUBTOTAL	_____	_____
C. GROSS INCOME, AS ADJUSTED (line B5 subtracted from line A9)	_____	_____
D. IN-KIND BENEFITS (I.R.F.L.P. Section (e)(2)) (housing, food, transportation, recreation)	_____	_____
E. POTENTIAL INCOME (I.R.F.L.P. Section (e)(3)) Potential earned income + Potential unearned income	_____	_____
F. GUIDELINES INCOME (C + D + E)	_____	_____
G. MONTHLY I.C.S.G. INCOME (F÷12 months)	_____	_____

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

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.

Case No. _____

FAMILY CASE RESPONSE
(NO CHILDREN)

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. 209(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)

(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 fax (number) _____
- By personal delivery
- By email to:

(If allowed)

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

(If allowed)

Signature

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.

Case No. _____

FAMILY CASE RESPONSE AND
COUNTERCLAIM (NO CHILDREN)

Fee Categories: I. _____

Filing Fee: \$ _____

RESPONSE

(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. 209(c))

COUNTERCLAIM

The Respondent/Counterclaimant says:

- 1. **Residence of the Parties.** I am a resident of the State of _____.
 I have been a resident of the state of Idaho for at least six (6) full weeks prior to the filing of this Counterclaim. Petitioner is currently a resident of the State of _____.
- 2. **Marriage of the Parties.** The parties were married at (city) _____, (state) _____ on (month, day, year) _____ and are still married.
- 3. **Grounds for Divorce.** Irreconcilable differences exist between the parties.
- 4. **Minor Child/ren of the Parties.** The parties have no minor children.
 Wife is not pregnant. or
 Wife is pregnant with Husband's child expected to be born (date) _____.
- 5. **Wife's Child/ren, Born or Conceived During this Marriage.**
 None.

Wife is pregnant with a child expected to be born (date) _____; however, Husband is not the father of the Wife's child.

The following child/ren was/were born to Wife during the marriage; however, Husband is not the father: (name(s) and date(s) of birth)

Name of Children

Date of Birth

6. Separate Property. (Land and/or Personal Property)

None.

Prior to or during the marriage, I, (your name) _____ acquired the separate property listed on the attached Schedule. That property should be confirmed as my separate property. (spouse's name) _____ should be ordered to return to me any such property in his/her possession. **and/or**

Prior to or during the marriage, (spouse's name) _____ acquired the separate property listed on the attached Schedule. That property should be confirmed as spouse's separate property. (your name) _____ should be ordered to return to him/her any such property in my possession.

7. Community Real Property. (Land) During the marriage, the spouses acquired:

no community real property.

community real property should be awarded as set out in the attached Schedule.

8. Community Personal Property. During the marriage, the spouses acquired:

no community personal property. **or**

community personal property they have already divided. The property should be awarded to the party who presently has possession.

It would be fair for the court to award to the parties, as their sole and separate property, the community property as set out in the attached Schedule.

The court should order each party to deliver to the other any of the community property currently in his/her possession that is awarded to the other party. The court should also order each party to sign and deliver any documents necessary carry out the property division.

9. Debts.

The Respondent has no knowledge of any unpaid debts. **or**

It would be fair for the court to order me, (your name) _____

to pay the debts listed in the attached Schedule as or before they become due and to order me to hold spouse harmless for any further liability concerning these debts. and/or

It would be fair for the court to order (spouse's name) _____

to pay the debts listed in the attached Schedule as or before they become due and to order him/her to hold me harmless for any further liability concerning those debts.

10. **Debts Incurred Since Separation.** The parties have been separated since (date) _____

_____. It would be fair for the court to order that each party will assume any debt incurred by that party since the date of separation. The court should order each party to pay those debts as or before they become due and to hold the other party harmless from any obligation concerning those debts.

11. **Name Change.** _____ should be restored to the former last name of _____.

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

WHEREFORE, Counterclaimant asks for judgment as 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)

(Name)

(Street or Post Office Address)

(City, State, and Zip Code)

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

(If allowed)

(Name)

(Street or Post Office Address)

(City, State, and Zip Code)

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

(If allowed)

Typed/printed name

Signature

Property and Debt Schedule

Separate Property

- (your name) _____ Separate Property:
- None. or (list separate property below)

- (Spouse's name) _____ Separate Property:
- None. or (list separate property below)

Community Real Property.

- The real property, located at _____
in the City of _____, County of _____,
State of Idaho, and described in the deed as follows:

- shall be sold and the net proceeds divided _____ % to (your name) _____
and _____ % to (spouse's name) _____.

or

- is awarded to: (name of party who will own the home) _____, subject to
any liens. Spouse, (spouse's name) _____ is ordered to convey his/her
interest in the property to the other party when (name of party who will own the home) _____
_____ pays spouse \$ _____.

or

- _____

Community Personal Property

- (your name) _____ Community Personal Property:
 None. or (list community personal property below)

- (spouse's name) _____ Community Personal Property:
 None. or (list community personal property below)

Community Debts

Creditor Name & Last four digits of account number.	(your name)	Spouse shall pay
	shall pay	
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$

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.

Case No. _____

FAMILY CASE RESPONSE
(WITH CHILDREN)

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. The following child/ren under the age of 18, or 19 and still pursuing a high school education, was/were born to or adopted by the parties:

<u>Name</u>	<u>Date of Birth</u>	<u>Current Address</u>
-------------	----------------------	------------------------

Wife is not now pregnant.

Wife is now pregnant with a child expected to be born _____

7. Our child/ren have lived with the following persons in the following places within the last five years:

Name of Person	City and State	Time Period (mm/yr – mm/yr)	Child's Name if not all children

The names and current addresses of each non-parent our children have lived with during the last 5 years are: _____

8. I have not participated as a party or witness, in a different case involving our child/ren. **or**

I have participated as a party or witness in the following different case involving our children (provide all specifics including the parent's name, the state, the court, the case number and the date of the child custody order, if any): _____

9. I do not know of a different case that could affect our child/ren. **or**

The following different case could affect our child/ren (provide all specifics including the parent's name, the state, the court, the case number and the nature of the proceeding): _____

10. Other than the parents, no one has or claims custody or visitation rights with our child/ren. **or**

In addition to the parents, the following person/s have or claim custody or visitation for our child/ren (list names and addresses): _____

11. I want the Petition dismissed.

AFFIRMATIVE DEFENSE(S)

(State each affirmative defense that applies in a separate paragraph - see I.R.F.L.P. 209(c)).

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)

(Name)

(Street or Post Office Address)

(City, State, and Zip Code)

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

(If allowed)

(Name)

(Street or Post Office Address)

(City, State, and Zip Code)

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

(If allowed)

Typed/printed name

Signature

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.

Case No. _____

FAMILY CASE RESPONSE AND
COUNTERCLAIM (WITH CHILDREN)

Fee Categories: _____

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: _____

The names and current addresses of each non-parent our children have lived with during the last 5 years are: _____

8. I have not participated as a party or witness, in a different case involving our child/ren. **or**

I have participated as a party or witness in the following different case involving our children (provide all specifics including the parent's name, the state, the court, the case number and the date of the child custody order, if any): _____

9. I do not know of a different case that could affect our child/ren. **or**

The following different case could affect our child/ren (provide all specifics including the parent's name, the state, the court, the case number and the nature of the proceeding): _____

10. Other than the parents, no one has or claims custody or visitation rights with our child/ren. **or**

In addition to the parents, the following person/s have or claim custody or visitation for our child/ren (list names and addresses): _____

11. I want the Petition dismissed.

AFFIRMATIVE DEFENSE(S).

(State each affirmative defense that applies in a separate paragraph - see I.R.F.L.P. 209(c))

COUNTERCLAIM.

The Respondent/Counterclaimant says:

1. **Residence of the Parties.** I am now and have been a resident of the state of Idaho for at least six (6) full weeks prior to the filing of this action. Respondent is currently a resident of the State of _____.

2. **Marriage of the Parties.** The parties were married at (city) _____, (state) _____ on (month, day, year) _____ and are still married.

3. **Grounds for Divorce.** Irreconcilable differences exist between the parties.

4. **Minor Child/ren of the Parties.** The following child/ren under the age of 18 years, or 19 years and still pursuing a high school education, was/were born to or adopted by the parties:

<u>Name</u>	<u>Date of Birth</u>	<u>Current Address</u>

- Wife is not pregnant.
- Wife is pregnant with a child expected to be born _____.

5. **UCCJEA Jurisdiction.** This court has jurisdiction to determine custody of our child/ren under the Uniform Child Custody Jurisdiction and Enforcement Act, Idaho Code § 32-11-101, et seq., because each child has resided in Idaho for at least six consecutive months before the filing of this Petition or for their entire life if they are less than six months of age.

a. **Living Arrangements Last 5 years.** Our child/ren have lived with the following persons in the following places within the last five years:

Name of Person	City and State	Time Period (mm/yr- mm/yr)	Child's Name if not all children

The names and current addresses of each non-parent our children have lived with during the last 5 years are: _____

b. Participation in Other Cases. I have NOT participated as a party or witness, in a different case involving our child/ren. **or**

I have participated as a party or witness in the following different case involving our child/ren (provide all specifics including the parent's name, the state, the court, the case number and the date of the child custody order, if any): _____

c. Other Cases Affecting Child/ren. I do NOT know of a different case that could affect our child/ren. **or**

The following different case that could affect our child/ren (provide all specifics including the parent's name, the state, the court, the case number and the nature of the proceeding): _____

d. Custody/Visitation. Other than the parents, no one has or claims custody or visitation rights with our child/ren. **or**

In addition to the parents, the following person/s have or claim custody or visitation for our child/ren (list names and addresses): _____

6. Legal Custody.

It is in the best interest of our child/ren that we be awarded joint legal custody. **or**

It is in the best interest of our child/ren that (name) _____ be awarded

sole legal custody of the child/ren because _____

7. Physical Custody.

It is in the best interest of our child/ren that we be awarded joint physical custody of our child/ren

on the terms and as described in the Parenting Plan attached as Schedule A.

or

as follows: _____

or

(name) _____ should be awarded sole physical custody of our child/ren because _____

_____ **and**

(name) _____ should spend time with our child/ren as follows: _____

8. Child Support.

a. Existing Child Support Orders.

Is there a child support order for any of the child/ren listed in paragraph 4?

No. (Skip to section 9. below)

Yes.

If Yes, provide the following information about the child support order(s):

State	County	Court Case Number	Date of order, judgment, or decree

b. Change in Child Support.

Do you want to change the amount of child support?

No. I ask for it to continue. (If the order was from a different case please attach a copy of that order, judgment, or decree as Schedule B, skip to section 10.)

Yes. The amount of child support should be changed and the judgment issued by this Court should control. (If the order was from a different case you may have to file a Motion to Consolidate to avoid having multiple child support orders.)

NOTE: Complete all of Section 9. below to change child support.

c. Reasons for Changing Child Support.

The following substantial and material changes since the date of the last Order, Judgment or Decree have occurred. (check all boxes that apply):

- The custodial arrangement.
- The gross annual income of one or both parents.
- A parent is providing medical insurance.
- The parent claiming the tax dependency exemption should be changed.
- (other reason) _____

Section 9. New Child Support Amount.

9. a. Child support should be paid by (name of parent who will pay support) _____ in the amount of \$ _____

per month, based on the Idaho Child Support Guidelines. This is based on the Affidavit Verifying Income and Child Support Worksheet(s) attached as "Schedule B". (see Recommended Adjusted support in the worksheet)

or

Instead I ask that child support should be paid by (full name of parent who will pay support): _____ in the amount of \$ _____ per month, because: _____

(Attach Affidavit Verifying Income and Child Support Worksheet(s) as Schedule B.)

b. Effective Date and Duration.

Child support payments should begin (select one option):

- the month after petition is filed. or
- the month after the Decree is signed.

Child support should continue to be paid on the same day of each following month until the child/ren for whom support is being paid reach/es the age of eighteen. If a child for whom support is being paid continues his/her high school education after reaching the age of eighteen (18) years, child support payments should continue until the child discontinues his/her high school education or reaches the age of nineteen (19) years, whichever is sooner. Payment should be made payable to the Department of Health and Welfare and sent to Idaho Child Support Receipting, P.O. Box 70008, Boise, ID 83707-0108.

Notice

The court is required to order income withholding in all child support orders. Income withholding is enforced by a withholding order issued to the paying parent's employer without additional notice to the paying parent, according to Idaho Code Section 32-1204. The support order can also be enforced by license suspension or the filing of a lien upon all real and personal property of the paying parent.

c. Multiple Children. (if applicable)

We have more than one minor child. If this child support Decree has not been modified, when one child is no longer entitled to support, child support for the remaining child/ren should continue and will be paid as described in the Continued Support Worksheet attached as Schedule B.

d. Extended Visits. (if applicable)

Our child/ren live/s in the home of one parent at least 75% of the time. (If selected, check the boxes below that apply. Otherwise, go to the next section.)

When the parent paying child support has physical custody of the child/ren for 14 or more overnights in a row, the amount of basic child support should be reduced for that period of time. However, visitation of two overnights or less with the other parent should not eliminate the reduction of basic child support during extended visits. The child support reduction for the period of the actual physical custody should be 50% or (Other percentage) ____% of the basic child support obligation. The reduction should be subtracted from the child support payment due the month following the extended visit.

If the parent paying child support has physical custody of some but not all of the children for a period of 14 overnights in a row, before a reduction is made, the basic child support obligation should first be divided by the number of children under 18 years of age. The parent who pays child support can only claim a reduction for the child/ren in that parent's custody.

For Example—Parent has 3 of 4 children for 14 overnights. \$300/mo. basic support payment divided by 4 children = \$75 per child per month divided by 30 = \$2.50 per day per child x 14 = \$35.00 x 3 for 3 children = \$105.00. Reduction = 50% of \$105 or \$52.50.

e. Work-Related Childcare Expenses.

Child support does not include work-related childcare. The net out-of-pocket costs for work-related child care should be paid by the parents based on the Idaho Child Support Guidelines, _____% by (your name) _____ and _____% by (other parent's name) _____.

or

Instead I ask that (your name) _____ pay _____% and (other parent's name) _____ pay _____% because: _____

(Attach Affidavit Verifying Income and Child Support Worksheet(s) as Schedule B.)

Payment should be made directly to the child care provider by both parents according to arrangements made with the care provider if permitted by the care provider. Otherwise, the non-paying parent should reimburse the paying parent within 10 days after the paying parent provides a copy of the invoice and proof of payment.

f. Medical, Dental, and/or Optical Insurance.

A. Pro Rata Share. (select one)

1. Any health insurance premiums for the child/ren should be paid by the parents based on the Idaho Child Support Guidelines, _____% by (your name) _____ and _____% by (other parent's name) _____.

or

2. Instead I ask that (your name) _____ pay _____% and (other parent's name) _____ pay _____% because: _____

(Attach Affidavit Verifying Income and Child Support Worksheet(s) as Schedule B.)

B. Insurance Currently Provided. (select one)

1. (name) _____ is/are currently providing health insurance for the minor child/ren and should continue to do so, so long as it is available at reasonable cost. If this insurance becomes unavailable, the parent first able to obtain health insurance at reasonable cost should do so.

or

2. Neither parent is providing health insurance for the child/ren. The parent first able to obtain health insurance at reasonable cost should do so.

3. The child/ren are enrolled in the Children's Health Insurance Program (CHIP) or have Medicaid coverage. The parent first able to obtain health insurance at reasonable cost should do so.

C. In Addition to or Included in Monthly Child Support. (select one)

1. The child support payment should include an adjustment for each parent's share of health insurance premiums. All other health care payments are in addition to the basic child support award and should be promptly paid or reimbursed directly between the parents. **or**

2. All health care premiums should be in addition to the basic child support award and should be promptly paid or reimbursed directly between the parents.

NOTICE

Where medical insurance is provided, each parent should be ordered to provide the other with all medical insurance information necessary to obtain health care and process insurance claims for the child/ren. Insurance proceeds should be applied first to unpaid medical bills and then to reimburse the paying parent for any prepaid medical costs. Both parents should be ordered to sign any needed document that provides continuing health care for the child/ren.

Failure to provide medical insurance coverage may result in the direct enforcement of a medical support order by either the obligee (party or parent other than the parent ordered to carry or provide a health benefit plan for the parties' minor child/ren) or the Department of Health and Welfare. A national medical support notice will be sent to your employer, requiring your employer to enroll the child in a health benefit plan as provided by Sections 32-1214A through 32-1214J, Idaho Code, and applicable rules of the department.

g. Out-of-Pocket Health Care Costs.

The out-of-pocket cost for health care expenses for the child/ren should be paid by the parents based on the Idaho Child Support Guidelines, _____% by (your name) _____ and _____% by (other parent's name) _____.

or

Instead I ask that (your name) _____
pay _____% and (other parent's name) _____
pay _____% because _____

(Attach Affidavit Verifying Income and Child Support Worksheet(s) as Schedule B.)

Health care expenses include, but are not limited to, medical, prescription, dental, orthodontic, optical, psychiatric, psychological, special education, addiction treatment, or counseling in any form.

Any health care for the child/ren that would result in an actual out-of-pocket expense of over \$500 to the parent who did not incur or consent to the expense, must be approved in advance, in writing, by both parents or by prior court order. (**Note:** The court may consider whether consent for out-of-pocket expenses in excess of \$500 was unreasonably requested or withheld and order payment of the incurred expense in some percentage other than the Guidelines Income.)

h. Tax Benefits & Exemptions.

The state and federal income tax dependency exemptions for the child/ren should be assigned as follows:

(your name) _____ shall claim:
(child/ren's names) _____

(Other parent's name) _____ shall claim:
(child/ren's names) _____

The parent not receiving the exemption(s) should be awarded a pro rata share of the value of income tax benefit in proportion to his/her guidelines income which should be either a credit against or in addition to the basic child support obligation.

You must not claim the exemption if it is not assigned to you. If the exemption is not assigned to you, you must sign and provide to the other parent all required Internal Revenue Service form(s), including IRS Form 8332, by January 31st of each tax year.

10. Other Minor Child/ren, NOT of Both Parties.

No party is the parent of any other minor child/ren born during the marriage and Wife is not pregnant. or

Wife is pregnant, but Husband is not the father of the child expected to be born on (date) _____ . **and/or**

Husband is not the father of the following child/ren born to Wife during the marriage: (write full name/s and date/s of birth) _____

11. Separate Property. (Land and/or Personal Property)

None. **or**

Prior to or during the marriage, I, (your name) _____

acquired the separate property listed on the attached Schedule. That property should be confirmed as my separate property. (spouse's name) _____

should be ordered to return to me any such property in his/her possession. **and/or**

Prior to or during the marriage, (spouse's name) _____

acquired the separate property listed on the attached Schedule. That property should be confirmed as spouse's separate property. (your name) _____

should be ordered to return to him/her any such property in my possession.

12. Community Real Property. (Land) During the marriage, the spouses acquired:

no community real property. **or**

the community real property should be awarded as set out in the attached Schedule.

13. Community Personal Property. During the marriage, the spouses acquired:

No community personal property. **or**

Community personal property has already been divided. The property should be awarded to the party who presently has possession. **or**

It would be fair for the court to award to the parties, as their sole and separate property, the community property as set out in the attached Schedule.

The court should order each party to deliver to the other any of the community personal property currently in his/her possession that is awarded to the other party. The court should also order each party to sign and deliver any documents necessary to carry out the property division.

14. Debts.

The Petitioner has no knowledge of any unpaid debts. **or**

It would be fair for the court to order me, (your name) _____,

to pay the debts listed in the attached Schedule as or before they become due and to

order me to hold spouse harmless for any further liability concerning those debts. **and/or**

It would be fair for the court to order (spouse's name) _____

to pay the debts listed in the attached Schedule as or before they become due and to order him/her to hold me harmless for any further liability concerning these debts.

15. **Debts Incurred Since Separation.** The parties have been separated since (date): _____ . It would be fair for the court to order that each party will assume any debt incurred by that party since the date of separation. The court should order each party to pay those debts as or before they become due and to hold the other party harmless from any obligation concerning those debts.

16. **Name Change.** _____ should be restored to the former last name of _____ .

WHEREFORE, Counterclaimant asks for judgment as 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)

(Name)

(Street or Post Office Address)

(City, State, and Zip Code)

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

(If allowed)

(Name)

(Street or Post Office Address)

(City, State, and Zip Code)

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

(If allowed)

Typed/printed name

Signature

**Remove this page and in its place
attach (staple) the documents listed below.**

1. If you are using the Parenting Plan, attach it and write SCHEDULE A at the bottom.

2. If you are changing the child support or this is the first time setting child support, attach the following and write SCHEDULE B at the bottom:

- a. Affidavit Verifying Income
- b. Child Support Worksheet(s)
- c. Continued Support Worksheet if there are multiple children.

3. If child support was ordered in a different case but is not changing.
Attach that Child Support Order and write SCHEDULE B at the bottom.

4. If you have listed property, Attach (staple) the Property and Debt Schedule

Property and Debt Schedule

Separate Property.

(your name) _____ Separate Property:

None. or (list separate property below)

(spouse's name) _____ Separate Property:

None. or (list separate property below)

Community Real Property.

The real property, located at _____
in the City of _____, County of _____,
State of Idaho, and described in the deed as follows:

shall be sold and the net proceeds divided _____ % to (your name) _____
and _____ % to (Spouse's name) _____

or

is awarded to: (Name of party who will own the home) _____,
subject to any liens. Spouse, (spouse's name) _____,
is ordered to convey his/her interest in the property to the other party when (Name of party who will
own the home) _____, pays spouse \$ _____.

or

Community Personal Property.

(your name) _____ Community Personal Property:

None. or (list community personal property below)

(spouse's name) _____ Community Personal Property:

None. or (list community personal property below)

<u>Community Debts.</u>	(your name)	
	shall pay	Spouse shall pay
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$

Property and Debt Schedule

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. 209(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
- By email to:

(Street or Post Office Address)

(If allowed)

(City, State, and Zip Code)

(Name)

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

(Street or Post Office Address)

(If allowed)

(City, State, and Zip Code)

(Name)

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

(Street or Post Office Address)

(If allowed)

(City, State, and Zip Code)

Typed/printed name

Signature

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.

Case No. _____

MOTION FOR ORDER FOR
GENETIC TESTING

(Your name) _____, requests, pursuant to Idaho Code §7-1116, that
this court order the child, _____, mother, _____, and
alleged father, _____, to submit to genetic tests to determine paternity; and:

1. Genetic testing be performed by an expert qualified as an examiner of genetic markers;
2. Verified documentation should establish a chain of custody of the genetic evidence;
3. A verified expert's report be prepared by a laboratory approved by the American Association of Blood Banks or other accreditation body; and
4. A written report of the genetic test results be filed with the court and be admitted into evidence without further foundation, pursuant to I.R.F.L.P. 104, unless a challenge to the testing procedures or the genetic analysis has been made twenty-one (21) days before trial.
5. The genetic test report be served upon all parties as soon as it is obtained.
6. The requesting party be ordered to pay the initial costs of testing; however, such costs should be recovered by the prevailing party.

Date: _____

Signature

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) _____
- By email to: _____

(If allowed)

(Name)

(Street or Post Office Address)

(City, State, and Zip Code)

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

(If allowed)

Typed/printed name

Signature

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.

Case No. _____
ORDER FOR GENETIC TESTS

Based on the request of _____ asking this court to order
genetic tests pursuant to Idaho Code §7-1116, IT IS ORDERED:

1. The child, _____, mother, _____, and
alleged father, _____, shall submit to genetic testing to be
performed by an expert qualified as an examiner of genetic markers;
2. Verified documentation shall establish a chain of custody of the genetic evidence;
3. A verified expert's report shall be prepared by a laboratory approved by the American
Association of Blood Banks or other accreditation body; and
4. A written report of the genetic test results shall be filed with the court and admitted into
evidence without further foundation, pursuant to I.R.F.L.P. 104, unless a challenge to the
testing procedures or the genetic analysis has been made twenty-one (21) days before trial.
5. The genetic test report shall be served upon all parties as soon as it is obtained.
6. _____, as the requesting party, is ordered to pay the initial
costs of testing; however, such costs shall be recovered by the prevailing party.

Date: _____

Judge

CLERK'S CERTIFICATE OF SERVICE

I certify that a copy of this Order was served:

(Name)

(Street or Post Office Address)

(City, State, and Zip Code)

(Name)

(Street or Post Office Address)

(City, State, and Zip Code)

Date: _____

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

(If allowed)

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

(If allowed)

Deputy Clerk

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.

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 108, I.R.F.L.P. I/we ask for oral argument. Rule 501 (a)(3) I.R.F.L.P.

Date: _____

Typed/printed name

Signature

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)

(Name)

(Street or Post Office Address)

(City, State, and Zip Code)

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

(If allowed)

(Name)

(Street or Post Office Address)

(City, State, and Zip Code)

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

(If allowed)

Typed/printed name

Signature

Full Name of Party Filing Document

Mailing Address (Street or Post Office Box)

City, State and Zip Code

Telephone

IN THE DISTRICT COURT FOR THE _____ JUDICIAL DISTRICT
FOR THE STATE OF IDAHO, IN AND FOR THE COUNTY OF _____

Petitioner,

v.

Respondent.

State of Idaho, Department of Health and Welfare,

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 108, IRFLP. I ask for oral argument. Rule 501(a)(3) IRFLP.

Date: _____

Typed/printed name

Signature

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 personal delivery
- By fax (number) _____
- By email to: _____

(Street or Post Office Address)

(If allowed)

(City, State, and Zip Code)

(Name)

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

(Street or Post Office Address)

(If allowed)

(City, State, and Zip Code)

(Name)

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

(Street or Post Office Address)

(If allowed)

(City, State, and Zip Code)

Typed/printed name

Signature

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.

Petitioner or Co-Petitioner,

vs.

Respondent or Co-Petitioner.

STIPULATION TO CONSOLIDATE

Case No. _____

Case No. _____

An action for Divorce Custody has been filed. These cases involve issues relating to the child/ren of the above-named parents. We ask the court to consolidate the cases. Rule 108 I.R.F.L.P.

Date: _____

Typed/printed name

Signature

Date: _____

Typed/printed name

Signature

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,

Petitioner or Co-Petitioner,

vs.

Respondent or Co-Petitioner.

STIPULATION TO CONSOLIDATE

Case No. _____

Case No. _____

An action for Divorce Custody has been filed. These cases involve issues relating to the child/ren of the above-named parents. We ask the court to consolidate the cases. Rule 108 I.R.F.L.P.

Date: _____

Signature of Attorney for Department of H&W

Date: _____

Typed/printed name

Signature

Date: _____

Typed/printed name

Signature

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.

Case No. _____

STIPULATION FOR ENTRY
OF ORDER, JUDGMENT OR DECREE

The above-named parties agree and stipulate that the Court may enter the order, judgment, or decree, a copy of which is attached (you must attach a copy of the proposed judgment to this document). The parties state:

1. This court has jurisdiction of this matter.
2. The proposed order, judgment, or decree results in a fair resolution of all pending issues between us.
3. We waive our right to appear personally in court to present testimony and ask that the Court enter the order, judgment, or decree without a Court hearing.
4. We waive entry of findings of fact and conclusions of law pursuant to Rule 801(a), I.R.F.L.P.

CERTIFICATION UNDER PENALTY OF PERJURY

I am the Petitioner Respondent in this case, and I have read this document. 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

CERTIFICATION UNDER PENALTY OF PERJURY

I am the Petitioner Respondent in this case, and I have read this document. 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

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.

Case No. _____

SWORN STIPULATION FOR ENTRY OF
ORDER, JUDGMENT, OR DECREE

State of Idaho, Department of Health and Welfare

The above-named parents agree and stipulate that the Court may enter the order, judgment or decree a copy of which is attached. The parents state and certify:

1. This court has jurisdiction of this matter.
2. The proposed order, judgment, or decree results in a fair resolution of all pending issues between us.
3. We waive our right to appear personally in court to present testimony and ask that the Court enter the order, judgment, or decree without a Court hearing.
4. We waive entry of findings of fact and conclusions of law pursuant to Rule 801(a), I.R.F.L.P.

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

Petitioner's Signature

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

Respondent's Signature

Certificate of participation/non-participation by the Department of Health and Welfare:

I have reviewed the Stipulation of the parents on behalf of the Department of Health and Welfare and certify to the court that the Department:

- Declines to participate in the modification proceeding since it does not involve the modification of child support but will participate in any future modification proceeding which does involve the modification of child support; or
- No longer provides Title IV services to either party and declines participation in this or any future modification proceeding between these parents unless a new request for intervention is granted by the court; or
- Joins in the Stipulation of the parties and agrees to the entry of the proposed order.

Date: _____

By: _____

Typed/printed

Deputy Attorney General for Department
Of Health and Welfare

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.

Case No. _____

STIPULATION FOR ENTRY OF
DECREE OF DIVORCE

The above-named parties agree and stipulate that the Court may enter the decree a copy of which is attached to this Stipulation. The parties state:

1. Irreconcilable differences exist between the parties and within their marriage which constitute substantial reasons for not continuing the marriage of the parties and the marriage should be dissolved.
2. This court has jurisdiction of this matter.
3. The proposed decree results in a substantially equal division of our property, considering debts, and thus fairly and equitably divides such property and debts.
4. The Petitioner has resided in Idaho for more than six weeks prior to the filing of the Petition.
5. The custody and visitation provisions in the Decree are in the best interests of the parties' minor child/ren; **or**
 No minor children were born of this marriage.
6. We waive our right to appear personally in court to present testimony as to the foregoing and ask that the Court enter the Decree without a Court hearing.

7. We waive entry of findings of fact and conclusions of law pursuant to Rule 801(a), I.R.F.L.P.

CERTIFICATION UNDER PENALTY OF PERJURY

I am the Petitioner Respondent in this case, and I have read this document. 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

CERTIFICATION UNDER PENALTY OF PERJURY

I am the Petitioner Respondent in this case, and I have read this document. 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

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.

Case No. _____

MOTION AND AFFIDAVIT
FOR ENTRY OF DEFAULT

Petitioner moves this Court for Entry of Default on the grounds that Respondent, **(a)** has received notice of this action by personal service; or **(b)** has been served by publication, and has failed to appear within the time period for answering the Petition in this case. This motion is based on Rule 301(a) Idaho Rules of Family Law Procedure and the pleadings filed in this case.

I certify:

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

or I am unable to determine whether Respondent is in the uniformed services as defined by the Servicemembers Civil Relief Act.

or Respondent is in the uniformed services as defined by the Servicemembers Civil Relief Act, and has waived in writing Respondent's rights under the Act.

6. I certify the name of Respondent is _____,
and the address most likely to give Respondent 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

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

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.

Case No. _____

MOTION AND AFFIDAVIT
FOR ENTRY OF DEFAULT
ON COUNTERCLAIM

Respondent moves this Court for Entry of Default on the grounds that the Petitioner, has been served with the Counterclaim, and has failed to appear within the time period for responding to the Counterclaim filed in this case. This motion is based on Rule 301(a) Idaho Rules of Family Law Procedure and the pleadings filed in this case.

I certify:

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

or I am unable to determine whether Petitioner is in the uniformed services as defined by the Servicemembers Civil Relief Act.

or Petitioner is in the uniformed services as defined by the Servicemembers Civil Relief Act, and has waived in writing Petitioner's rights under the Act.

6. I certify the name of the Petitioner is _____,
and that the address most likely to give the Petitioner 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

Signature

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.

Case No. _____

MOTION AND AFFIDAVIT
FOR ENTRY OF DEFAULT

Petitioner Respondent moves this Court for Entry of Default on the grounds that (name of other party) _____, **(a)** has received notice by personal service; or **(b)** has been served by publication, and has failed to appear within the time period for answering the Motion/Petition in this case. This motion is based on Rule 301(a) of the Idaho Rules of Family Law Procedure and the pleadings filed in this case.

I certify:

1. I am a parent in this action.
2. Proof of service upon (name of other party) _____ 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; 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,
or The defaulting party is in the uniformed services as defined by the Servicemembers Civil Relief Act, 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

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.

Case No. _____

NOTICE OF REGISTRATION
OF A CHILD CUSTODY
DETERMINATION

To: (Name) _____

(Address) _____

PLEASE TAKE NOTICE that the Petitioner/Respondent has registered a child custody determination issued by a court of another state with the State of Idaho pursuant to Idaho Code Section 32-11-305. A registered determination is enforceable as of the date of the registration in the same manner as a determination issued by a court of this state. Failure to contest the registration within twenty days after service of this notice will result in a confirmation of the child custody determination and preclude further contest of that determination with respect to any matter that could have been asserted. Please read the information below.

You are hereby notified that the order which has been registered was entered on the _____ day of _____, by the following court _____

If you wish to seek the advice of or representation by an attorney in this matter, you

should do so promptly so that your written response, if any, may be filed in time and other legal rights protected.

An appropriate written Request for Hearing to contest the validity of the registered determination requires compliance with Rule 208 and other Idaho Rules of Family Law Procedure, and shall also include:

1. The title and number of this case.
2. Any one of the following reasons for your contest: (a) The issuing court did not have jurisdiction under the UCCJEA; (b) The child custody determination sought to be registered has been vacated, stayed or modified by a court having jurisdiction to do so under the UCCJEA; or (c) The person contesting registration was entitled to notice, but notice was not given in accordance with the standards of section 32-11-108 Idaho Code, in the proceedings before the court that issued the order for which registration is sought.
3. Your signature, mailing address and telephone number, or the signature, mailing address telephone number and bar license number of your attorney.
4. Proof of mailing or delivery of a copy of your response to Petitioner/Respondent as designated above.

The address of the above-named Court is: _____

_____.

The telephone number for the Clerk of the above-named Court is: _____.

Date: _____

CLERK OF THE DISTRICT COURT

By: _____
Deputy Clerk

Full Name of Party Filing This Document

Mailing Address (Street or Post Office Box)

City, State and Zip Code

Telephone Number

Email Address (if any)

IN THE DISTRICT COURT OF THE _____ JUDICIAL DISTRICT OF
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.

Respondent.

Case No.:

MOTION FOR INTERVENTION

Under Rule 212, I.R.F.L.P. I, (your name) _____, ask the
court's permission to intervene as a party in this case and certifies:

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:

Name(s) of Child/ren

Date(s) of Birth

2. I am the mother father of the minor child/ren and have an unconditional right to intervene in this action.
3. I want to modify the child support provisions of the Court's most recent Child Support Order, based upon a substantial and material change in the circumstances of one or both parents, and/or obtain an order respecting custody of the minor child/ren.
4. Both as a matter of right and in the interest of judicial economy, I should be allowed to intervene in this case in order to file documents.
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

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

(Street or Post Office Address)

(If allowed)

(City, State, and Zip Code)

(Name)

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

(Street or Post Office Address)

(If allowed)

(City, State, and Zip Code)

(Name)

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

(Street or Post Office Address)

(If allowed)

(City, State, and Zip Code)

Typed/printed name

Signature

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:

Name(s) of Child/ren

Date(s) of Birth

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

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 _____

Plaintiff,
vs.

Defendant.

Case No. _____
SUBPOENA

The State of Idaho to: _____

YOU ARE COMMANDED to appear before Judge _____ at the
courtroom at _____, Idaho, on _____,
20_____, at _____ o'clock _____m. as a witness in this case.

IF YOU FAIL TO APPEAR at that place and time, you may be held in contempt of court
and the aggrieved party may recover from you the sum of \$100 and all damages that the
party may sustain by your failure to attend as a witness.

YOU ARE ALSO COMMANDED to bring with you the following items and documents:

Date: _____

By Order of the court.

CLERK OF THE DISTRICT COURT

By: _____
Deputy Clerk

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.

Case No. _____

SUBPOENA

State of Idaho, Department of Health and Welfare

The State of Idaho to: _____

YOU ARE COMMANDED to appear before Judge _____ at the
courtroom at _____,
Idaho, on _____, 20____, at _____ o'clock ____m. as a witness in this case.

IF YOU FAIL TO APPEAR at that place and time, you may be held in contempt of court and the
aggrieved party may recover from you the sum of \$100 and all damages that the party may sustain
by your failure to attend as a witness.

YOU ARE ALSO COMMANDED to bring with you the following items and documents:

Date: _____

By Order of the court.

CLERK OF THE DISTRICT COURT

By: _____
Deputy Clerk

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.

Case No. _____

AFFIDAVIT OF SERVICE OF SUBPOENA

State of Idaho, Department of Health and Welfare

I certify:

I, _____, a resident of Idaho, over the age of eighteen (18) years, and not a party to the action, served a subpoena on _____ at _____ o'clock ____ .m., on the _____ day of _____, 20____ at the following address: _____ by personally handing or delivering a copy to _____, or handing or delivering a copy to _____, a person of suitable age (eighteen years) and discretion residing at the usual abode of the person to be served.

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

Signature

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.

Case No. _____

ORDER FOR CHANGE OF
VENUE

It appears from the records and files in this matter that venue for this action is properly
in _____ County in accordance with the provisions of I.C. Sec. 5-404;
IT IS ORDERED that this case be transferred to _____ County.

Date: _____

Judge

CLERK'S 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)

(Name)

(Street or Post Office Address)

(City, State, and Zip Code)

Typed/printed name

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

(If allowed)

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

(If allowed)

Deputy Clerk