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 HEARING ON MOTION TO TERMINATE INCOME WITHHOLDING ORDER FOR CHILD SUPPORT |

 A Motion and Affidavit to Terminate Income Withholding has been filed by (name) .

 Such Motion will be heard at o’clock .m. on (date) in courtroom number at the (county) County Courthouse, (address) .

Date:

#### CLERK OF THE DISTRICT COURT

 By:

Typed/printed name Deputy Clerk

CLERK’S CERTIFICATE OF SERVICE

I certify that a copy of this Notice was served:

|  |  |
| --- | --- |
|  (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)
 |
| Date:  |  Deputy Clerk |