

\_\_\_\_\_  
Full Name of Party Submitting This Document

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

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

\_\_\_\_\_  
Telephone Number

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,

Plaintiff,

vs.

\_\_\_\_\_  
Defendant.

Case No.: \_\_\_\_\_

MOTION FOR INTERVENTION

I, (your name) \_\_\_\_\_, ask the court's permission  
to intervene as a party in this case 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 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-Defendants.
6. I ask that the Court grant this Motion without requiring a hearing.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Typed or Printed Name

STATE OF IDAHO                    )  
  ) ss.  
County of \_\_\_\_\_)

SUBSCRIBED AND SWORN to before me this date: \_\_\_\_\_

\_\_\_\_\_  
Notary Public for Idaho  
Residing at: \_\_\_\_\_  
My Commission expires: \_\_\_\_\_

CERTIFICATE OF SERVICE

I certify I served a copy:

(Fill in the mailing address of the attorney for the Department of Health & Welfare and the other parent's name and mailing address)

To:

State of Idaho, Department of Health and Welfare, Division of Child Support Enforcement

\_\_\_\_\_  
(Name)  
\_\_\_\_\_  
(Street or Post Office Address)  
\_\_\_\_\_  
(City, State and Zip Code)

- By United States Mail
- By fax
- By personal delivery
- By overnight mail/Federal Express

To:

\_\_\_\_\_  
(Name)  
\_\_\_\_\_  
(Street or Post Office Address)  
\_\_\_\_\_  
(City, State and Zip Code)

- By United States Mail
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(Name)  
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(Street or Post Office Address)  
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- By personal delivery
- By overnight mail/Federal Express

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature