
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.)

_____, and)

_____,)
Co-Defendant(s).)

Case No. _____

NOTICE OF HEARING

NOTICE IS GIVEN that the Motion for Order for Genetic Tests will come before the court
for hearing on the _____ day of _____, 20____, at the hour of _____ .m.,
at the _____ County Courthouse, (street address, city and state of courthouse) _

_____.

Date: _____

Signature

CLERK'S CERTIFICATE OF SERVICE

I certify that I served a copy:

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

(Name) [] By United States mail

(Street or Post Office Address) [] By fax

(City, State, and Zip Code) [] By personal delivery
[] By overnight mail/Federal

To: _____ [] By United States mail
(Name) [] By fax

(Street or Post Office Address) [] By personal delivery

(City, State, and Zip Code) [] By overnight mail/Federal

To: _____ [] By United States mail
(Name) [] By fax

(Street or Post Office Address) [] By personal delivery

(City, State, and Zip Code) [] By overnight mail/Federal

Date: _____

Deputy Clerk of the District Court