

\_\_\_\_\_  
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  
JOINDER OF PARTY

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-Defendants.
6. I ask that the court grant this Motion without requiring a hearing.

I certify I served a copy

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
- 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
- By fax
- By personal delivery
- By overnight mail/Federal Express

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

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Typed Name of Party

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

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_.

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