
Full Name of Party Filing 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,

Petitioner,

vs.

Respondent.

Case No.: _____

MOTION FOR INTERVENTION

Under Rule 211, I.R.F.L.P. 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-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.

Date: _____

Typed/printed name

Signature

STATE OF IDAHO)
) ss.
County of _____)

SUBSCRIBED AND SWORN before me on this _____ day of _____

Notary Public for Idaho
Residing at _____
Commission expires _____

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) _____

(Street or Post Office Address)

(City, State, and Zip Code)

(Name)

- By mail
- By personal delivery
- By fax (number) _____

(Street or Post Office Address)

(City, State, and Zip Code)

(Name)

- By mail
- By personal delivery
- By fax (number) _____

(Street or Post Office Address)

(City, State, and Zip Code)

Typed/printed name

Signature