

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 APPEARANCE

Fee Category: I. _____

Filing Fee: \$ _____

TO: CLERK OF THE ABOVE DISTRICT COURT:

I represent myself. All pleadings, motions, notices, or other papers should be served on me. I certify 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

(Name)

By United States Mail

(Street or Post Office Address)

By fax

(City, State, and Zip Code)

By personal delivery

Date: _____

Signature