
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.

AFFIDAVIT OF SERVICE

State of Idaho)
) ss.
County of _____)

I swear 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

(Name)

By United States Mail

(Street or Post Office Address)

By fax

(City, State, and Zip Code)

By personal delivery

By overnight mail/Federal Express

Date: _____

Signature

SUBSCRIBED AND SWORN to before me this ____ day of _____, 20__.

Notary Public for Idaho
Residing at: _____
My commission expires: _____