

\_\_\_\_\_  
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, Petitioner, vs. _____, _____, Respondent(s).
_____, Petitioner or Co-Petitioner, vs. _____, Respondent or Co-Petitioner.

MOTION TO CONSOLIDATE

Case No. \_\_\_\_\_

Case No. \_\_\_\_\_

There is more than one case involving the same parties or claims. The court should consolidate these cases. Rule 106, IRFLP. I ask for oral argument. Rule 501(C) IRFLP.

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

\_\_\_\_\_  
Typed/printed name

\_\_\_\_\_  
Signature of Parent

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

\_\_\_\_\_  
Typed/printed name

\_\_\_\_\_  
Signature of Parent

CERTIFICATE OF SERVICE

I certify I served a copy to: (name all parties or their attorneys in the case, other than yourself)

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

\_\_\_\_\_  
(Name)

By Mail

\_\_\_\_\_  
(Street or Post Office Address)

By fax

\_\_\_\_\_  
(City, State, and Zip Code)

By personal delivery

\_\_\_\_\_  
(Name)

By Mail

\_\_\_\_\_  
(Street or Post Office Address)

By fax

\_\_\_\_\_  
(City, State, and Zip Code)

By personal delivery

\_\_\_\_\_  
(Name)

By Mail

\_\_\_\_\_  
(Street or Post Office Address)

By fax

\_\_\_\_\_  
(City, State, and Zip Code)

By personal delivery

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Typed/printed Name of Party Signing