
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 _____

_____)	Case No. _____
Petitioner,)	
vs.)	
_____)	MOTION AND AFFIDAVIT FOR
Respondent.)	ENTRY OF JUDGMENT
_____)	

STATE OF IDAHO)
 : ss
County of _____)

To obtain a judgment, I swear under oath:

Section One: Health Care or Work-related Child Care Expenses.

- The Order/Decree/Judgment in this case provides for a sharing of health care expenses not paid by insurance, and/or work-related child care costs, in the following percentages: _____% to be paid by father and _____% to be paid by mother.
- I have paid the total sum of \$ _____ in medical expenses and/or in work-related child care costs and, despite having submitted proof of payment to the other parent, I have not been reimbursed.
- (name) _____ owes me the sum of \$ _____ for his/her portion of health care expenses not paid by insurance or work-related child care expenses incurred to (date), _____, and a judgment should be entered against him/her in that amount.

Section Two: Payments to Creditors.

- The Order/Decree/Judgment in this case provides for the payment of the following account/s by my former spouse: _____

2. I have paid the total sum of \$_____ for this/these accounts and, despite having submitted proof of payment to my former spouse, I have not been reimbursed.

3. (name) _____ owes me the sum of \$_____ for his/her portion of creditor payments made by me to _____ (date), and a judgment should be entered against him/her.

Section Three. Request for Judgment.

I ask that Judgment be entered against (other party's name) _____ in favor of (your name) _____ in the amount of \$_____, for

health care expenses work-related child care costs payments to creditors.

I have attached copies of receipts reflecting the above amounts, which are true and correct amounts to the best of my knowledge and belief. (Attach receipts and/or any other documentation used to verify the amount requested.)

Date: _____

Signature

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

Notary Public for

Residing at _____

Commission Expires: _____

CERTIFICATE OF SERVICE

I certify I served a copy to: (name the other party or their attorney in the case)

(Name)

(Street or Post Office Address)

(City, State, and Zip Code)

Date: _____

By Mail

By fax to (number) _____

By personal delivery

Signature

Typed/printed Name of Party Signing