
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,

Plaintiff,

vs.

Defendant(s).

Plaintiff or Co-Petitioner,

vs.

Defendant or Co-Petitioner.

MOTION TO CONSOLIDATE

Case No. _____

Case No. _____

DATED: _____

(Signature of Parent) Pro Se

DATED: _____

(Signature of Parent) Pro Se

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

Date: _____

Signature

Typed/printed Name of Party Signing