

\_\_\_\_\_  
(Full Name of Party Submitting this Document)

\_\_\_\_\_  
(Mailing Address – Street or Post Office Box)

\_\_\_\_\_  
(City, State, 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.

ORDER TO CONSOLIDATE

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

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

IT IS ORDERED the above-named cases are consolidated. All further pleadings shall be  
filed only in Case No. \_\_\_\_\_

DATED: \_\_\_\_\_

\_\_\_\_\_  
Magistrate

CLERK'S CERTIFICATE OF SERVICE

I certify that on (date) \_\_\_\_\_ a copy was served on:

*(Fill in the mailing address of the attorney for the Department of Health & Welfare and the other parent's name and mailing address)*

State of Idaho, Department of Health & Welfare  
Division of Child Support Services

\_\_\_\_\_  
(Attorney's 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

\_\_\_\_\_  
(Your 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

\_\_\_\_\_  
(Other Parent's 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

\_\_\_\_\_  
Deputy Clerk