
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 _____

_____,)
Plaintiff,) Case No. _____
vs.)
_____,)
Defendant.) MOTION AND AFFIDAVIT FOR
ENTRY OF PARTIAL JUDGMENT IN A
SUM CERTAIN
_____)

STATE OF IDAHO)
) : ss
County of _____)

To obtain a partial judgment in a sum certain, I swear under oath:

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

1. The Order/Decree 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.
2. 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.
3. (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 partial judgment should be entered against him/her in that amount.

Section Two: Payments to Creditors.

1. The Order/Decree 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 partial judgment should be entered against him/her.

Section Three. Request for Partial Judgment.

I ask that Partial 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.

This Partial Judgment should be collected through Idaho Health and Welfare, Child Support Receipting.

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: _____