

\_\_\_\_\_  
Full Name of Party Filing this Document

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\_\_\_\_\_  
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,  
vs.  
\_\_\_\_\_,  
Defendant

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

PARTIAL SUM CERTAIN JUDGMENT

Partial judgment is hereby awarded in favor of the  Plaintiff  Defendant, named  
\_\_\_\_\_, against the  Plaintiff  Defendant, named  
\_\_\_\_\_, in the amount of \$\_\_\_\_\_, to reimburse  
for:  Medical Expenses for their child/ren not otherwise covered by insurance;  
 Work-related Child Care Expenses for their child/ren; and/or  Payments to Creditors.  
 This Partial Judgment is to be paid through Idaho Department of Health and Welfare, Child  
Support Receipting.

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

\_\_\_\_\_  
Judge

CLERK'S CERTIFICATE OF SERVICE

I certify that a copy of this Partial Sum Certain Judgment was served on the following persons on this date: \_\_\_\_\_.

Plaintiff: [ ] Mail [ ] Hand-delivery

[name]\_\_\_\_\_

[address]\_\_\_\_\_

[city, state, zip]\_\_\_\_\_

Defendant:[ ] Mail [ ] Hand-delivery

[name] \_\_\_\_\_

[address]\_\_\_\_\_

[city, state, zip]\_\_\_\_\_

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