

Completing FLE 10-4
**MOTION and AFFIDAVIT TO TERMINATE INCOME WITHHOLDING ORDER
FOR CHILD SUPPORT**

These instructions are not legal advice. They do not take the place of legal advice. You should consult a lawyer first if at all possible.

1. Write in your name on the top line
2. Write in your address on the second line.
3. Write in the city, state and zip code where you live.
4. Write in your telephone number.

5. Write in the number of the judicial district where your divorce decree or child support order was entered. Example: If your order was issued in Ada County, it would be the, "FOURTH" judicial district.
6. Write in the name of the county where your divorce decree or child support order was entered.
7. Fill in the names of the plaintiff and defendant exactly as they appeared in the caption in the original case. (The Plaintiff may have been the Department of Health and Welfare, Child Support Enforcement.)
8. Check the box to indicate if you are the Plaintiff or the Defendant.
9. Write in the date when your divorce decree or child support order was filed by the court.
10. Check Box A if your income has been attached or withheld for child support for 12 months or more.
11. Check Box B if A does not apply. You must write your reasons why you want the income withholding order stopped in the space given. If you need more lines to write on, attach an extra sheet of paper with that information to the Motion. **DO NOT WRITE ON THE BACK OF THE FORM.** You must tell the court why you think you will be harmed if your income is taken. You must also tell the court why your child will not be harmed.
12. Write in the date you sign this document.
13. Go to an office where there is a Notary. Sign your name to the Motion in front of the Notary and have your signature notarized.
14. Make one copy for yourself. Make one copy for the other party.
15. Give the original and both copies to the court for filing. The Clerk will give both copies back to you. Keep one copy for yourself and serve the other copy on the other parent.

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,
vs.

Defendant.

Case No. _____

MOTION and AFFIDAVIT TO TERMINATE
INCOME WITHHOLDING ORDER FOR
CHILD SUPPORT
(I.C. §32-1215 or I.C. §32-1216)

[] Plaintiff [] Defendant asks this court to terminate the Income Withholding Order issued in
this case on *(date of Order)* _____ and swears:

A. [] an income withholding order has been in operation for twelve (12) consecutive months
and the support obligation is current. **or**

B. [] I will suffer irreparable injury caused by the income withholding order and the person
receiving the child support will not be injured by termination of the income withholding order
because: _____

DATE _____, 20____.

Typed/printed Name

Your Signature

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

Notary Public for Idaho
Residing at: _____
Commission Expires: _____

CERTIFICATE OF SERVICE

I certify I served a copy to: (name all parties or their attorneys in the case, other than yourself)

(Name)

By Mail

(Street or Post Office Address)

By fax to (number) _____

(City, State, and Zip Code)

By personal delivery

(Name)

By Mail

(Street or Post Office Address)

By fax to (number) _____

(City, State, and Zip Code)

By personal delivery

Date: _____

Signature