
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 _____

In the Matter of

_____,
DOB: _____
a Minor.

Case No.: _____

REQUEST FOR NOTICE

My name is _____.

I request notice of all petitions, applications, and filings, pursuant to Idaho Code §15-5-406, as a person interested in the welfare of the minor.

My relationship to the minor is _____.

I request that a copy of all future petitions, applications and filings be hand delivered or mailed to my address, which is listed above.

DATE: _____

Signature of person requesting notice

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

Typed/printed Name of Party Signing