
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(s),
vs.
_____,
Defendant

Case No.: _____

REQUEST FOR HEARING
ON REGISTRATION
OF A CHILD CUSTODY
DETERMINATION

STATE OF _____)
County of _____) ss.

I swear:

1. I request a hearing to contest the validity of the registered child custody determination filed
by (name of person who filed application for registration) _____.

2. The reason I contest the registration is:

(check the box that explains your reason)

The issuing court did not have jurisdiction under the UCCJEA; **or**

The child custody determination sought to be registered has been vacated, stayed
or modified by a court having jurisdiction to do so under the UCCJEA, in the following court

_____, in case number _____, on the
____ day of _____, ____; **and/or**

I was entitled to notice, but notice was not given in accordance with the standards
of section 32-11-108 Idaho Code, in the proceedings before the court that issued the order for
which registration is sought.

DATE: _____

Signature, Plaintiff/Defendant

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

Notary Public for _____
Residing at: _____
My 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

(City, State, and Zip Code)

By personal delivery

(Name)

By Mail

(Street or Post Office Address)

By fax

(City, State, and Zip Code)

By personal delivery

Date: _____

Signature

Typed/printed Name of Party Signing