Full Nar	me of Party Filing Document		
Mailing	Address (Street or Post Office Box)		
City, Sta	ate and Zip Code		
Telepho	one		
Email A	address (if any)		
	IN THE DISTRICT COURT FOR THE _	JUDICIAL DISTRICT	
FOR	THE STATE OF IDAHO, IN AND FOR TH	IE COUNTY OF	
	,	Case No.	
	Petitioner, vs. Respondent.	APPLICATION FOR REGISTRATION OF A CHILD CUSTODY DETERMINATION	
	•		
	your name)		
-	ursuant to Idaho Code §32-11-305, apply	for registration of a child custody	
	nination of a court of another state.		
	I live at I wish to register a child custody determination in accordance with the Uniform		
۷.	Child Custody Jurisdiction and Enforcement Act, I.C. §32-11-305.		
3.	To the best of my knowledge and belief the order I seek to register has not been modified.		
4.	. The name and address of any other parent or person acting as a parent who has		
	been awarded custody or visitation in the child custody determination sought to be		
	registered is: (name/s)	,	
	(address)		
5.	I understand that false statements in this	s sworn statement may subject me to the	
	penalties for perjury pursuant to Idaho C	ode §18-5409, which includes	
	imprisonment in the state prison for not l	ess than one nor more than 14 years	

- 6. I am of legal age, able to read and write the English language, legally competent, and have sought whatever legal advice I desired before signing this document. I understand the contents of this document, and the same are true and correct to the best of my knowledge and belief.
- 7. I am furnishing two (2) copies, including one (1) certified copy, of the determination sought to be registered.
- 8. I understand that notice of my request for registration will be given to the person/s listed in item 4 of this Affidavit.

CERTIFICATION UNDER PENALTY OF PERJURY

I certify under penalty of perjury pursuant to the	law of the State of Idaho that the
foregoing is true and correct.	
Date:	
Typed/Printed Name	Signature