Full Name of Party Filing this Document

Mailing Address (Street or Post Office Box)

City, State, and Zip Code

Telephone Number

Email Address (if any)

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 BYINTERESTED PERSON  |

1. My name is .

2. I am interested in the welfare of the minor pursuant to Idaho Code §15-5-406.

3. My interest in these proceedings is .

4. 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

Typed/Printed Name

CERTIFICATE OF SERVICE

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

 [ ]  By Mail

(Name)

 [ ]  By fax to (number)

(Street or Post Office Address)

 [ ]  By personal delivery

(City, State, and Zip Code)

 [ ]  By Mail

(Name)

 [ ]  By fax to (number)

(Street or Post Office Address)

 [ ]  By personal delivery

(City, State, and Zip Code)

 [ ]  By Mail

(Name)

 [ ]  By fax to (number)

(Street or Post Office Address)

 [ ]  By personal delivery

(City, State, and Zip Code)

 [ ]  By Mail

(Name)

 [ ]  By fax to (number)

(Street or Post Office Address)

 [ ]  By personal delivery

(City, State, and Zip Code)

 [ ]  By Mail

(Name)

 [ ]  By fax to (number)

(Street or Post Office Address)

 [ ]  By personal delivery

(City, State, and Zip Code)

Date:

|  |  |
| --- | --- |
|  Typed/Printed Name |  Signature |