

\_\_\_\_\_  
Full Name of Party Filing this Document

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Mailing Address (Street or Post Office Box)

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\_\_\_\_\_  
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 BY  
INTERESTED 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)

\_\_\_\_\_  
(Name)  
\_\_\_\_\_  
(Street or Post Office Address)  
\_\_\_\_\_  
(City, State, and Zip Code)

- By Mail
- By fax to (number)\_\_\_\_\_
- By personal delivery

\_\_\_\_\_  
(Name)  
\_\_\_\_\_  
(Street or Post Office Address)  
\_\_\_\_\_  
(City, State, and Zip Code)

- By Mail
- By fax to (number)\_\_\_\_\_
- By personal delivery

\_\_\_\_\_  
(Name)  
\_\_\_\_\_  
(Street or Post Office Address)  
\_\_\_\_\_  
(City, State, and Zip Code)

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\_\_\_\_\_  
(Name)  
\_\_\_\_\_  
(Street or Post Office Address)  
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(Street or Post Office Address)  
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(City, State, and Zip Code)

- By Mail
- By fax to (number)\_\_\_\_\_
- By personal delivery

Date: \_\_\_\_\_

\_\_\_\_\_  
Typed/Printed Name

\_\_\_\_\_  
Signature