Full Name of Party Filing Document

Mailing Address (Street or Post Office Box)

City, State and Zip Code

Telephone

Email Address (if any)

IN THE DISTRICT COURT FOR THE JUDICIAL DISTRICT

FOR THE STATE OF IDAHO, IN AND FOR THE COUNTY OF

|  |  |
| --- | --- |
| State of Idaho, Department of Health and Welfare, Division of Child Support Enforcement,  Petitioner,  vs.      and  Co-Respondents. | Case No.  ORDER ALLOWING  INTERVENTION |

This matter came before the Court on the ⬜ mother’s ⬜ father’s Motion to Intervene. It is ORDERED ⬜ mother ⬜ father named may intervene in this case and file documents reflecting herself/himself as a Co-Respondent. The case caption shall name both parents as Co-Respondents.

Date:

Judge

CLERK’S CERTIFICATE OF SERVICE

I certify that a copy of this Order was served:

|  |  |
| --- | --- |
| State of Idaho, Department of Health  And Welfare, Division of Child Support  Enforcement    (Street or Post Office Address)    (City, State, and Zip Code) | * By United States mail * By personal delivery * By fax (number) |
|  |  |
| (Name)    (Street or Post Office Address)    (City, State, and Zip Code) | * By United States mail * By personal delivery * By fax (number) |
| (Name)    (Street or Post Office Address)    (City, State, and Zip Code) | * By United States mail * By personal delivery * By fax (number) |
| Date: | Deputy Clerk |