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

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| State Of Idaho, Department of Health andWelfare, Division of Child Support Enforcement, Petitioner, vs. and , Co-Respondents. | Case No. MOTION FOR JOINDER OF PARTY |

Under Rule 19, I.R.C.P., I, (your name) , want to obtain an Order joining the other parent as a party in this action and swear under oath:

1. The above-entitled action was filed by the State of Idaho, Department of Health and Welfare to establish paternity and order support of the following child/ren:

Name(s) of Child/ren Date(s) of Birth

1. I am the ⬜ mother ⬜ father of the minor child/ren and an interested party with regard to all issues relating to my child/ren.
2. I want to ⬜ modify the child support provisions of the court’s most recent Child Support Order, based upon a substantial and material permanent change in the circumstances of one or both parties, **and/or** ⬜ obtain an order respecting custody and visitation of the minor child/ren.
3. Both as a matter of right and in the interest of judicial economy the other parent, (name) should be joined in this case.
4. I ask that the future case caption name both parents as Co-Respondents.
5. I ask that the court grant this Motion without requiring a hearing. **or** ⬜ I ask that the Court set a hearing and I am filing a Notice of Hearing.

**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

CERTIFICATE OF SERVICE

I certify that on (date) , I served a copy to: (name all parties in the case other than yourself)

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| State of Idaho, Department of HealthAnd Welfare, Division of Child Support Enforcement (Street or Post Office Address)  (City, State, and Zip Code) | * By mail
* By personal delivery
* By fax (number)
 |
|  (Name)  (Street or Post Office Address) (City, State, and Zip Code) | * By mail
* By personal delivery
* By fax (number)
 |
|  (Name) (Street or Post Office Address) (City, State, and Zip Code) |  * By mail
* By personal delivery
* By fax (number)
 |
|  Typed/printed name |  Signature |