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 THI	EJUDICIAL 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,	Case No.
·	JOINDER ORDER
Petitioner, vs.	
and ,	
Co-Respondents.	
This matter came before the Court on the	mother's father's Motion for Joinder of
a party. It is ORDERED that $\square$ mother $\square$ fai	ther, named
	d as a party in this case. The case caption
shall name both parents as Co-Respondents	
Date:	
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	By United States mail By personal delivery By fax (number)
(Street or Post Office Address)	_
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(Name)	<ul><li>By United States mail</li><li>By personal delivery</li></ul>
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(City, State, and Zip Code)	_
(Name)	<ul><li>By United States mail</li><li>By personal delivery</li></ul>
(Street or Post Office Address)	By fax (number)
(City, State, and Zip Code)	_
Date:	