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 and Welfare, Division of Child Support Enforcement, Petitioner, vs. ,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Respondent(s).  | Case No. NOTICE OF HEARING(GENETIC TESTS) |

NOTICE IS GIVEN that the Motion for Order for Genetic Tests will come before the court for hearing on the day of , 20\_\_\_ , at the hour of \_\_\_.m., at the County Courthouse, (street address, city and state of courthouse) .

Date:

Typed/printed 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 |