
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.

Case No. _____

NOTICE OF HEARING
(GENETIC TESTS)

_____,
_____,
Respondent(s).

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)

State of Idaho, Department of Health
And Welfare, Division of Child Support
Enforcement

- ☐ By mail
☐ By personal delivery
☐ By fax (number) _____

(Street or Post Office Address)

(City, State, and Zip Code)

(Name)

- ☐ By mail
☐ By personal delivery
☐ By fax (number) _____

(Street or Post Office Address)

(City, State, and Zip Code)

(Name)

- ☐ By mail
☐ By personal delivery
☐ By fax (number) _____

(Street or Post Office Address)

(City, State, and Zip Code)

Typed/printed name

Signature