
(Full Name of Party Submitting this Document)

(Mailing Address – Street or Post Office Box)

(City; State, Zip Code)

(Telephone Number)

IN THE DISTRICT COURT OF THE _____ JUDICIAL DISTRICT OF THE
STATE OF IDAHO, IN AND FOR THE COUNTY OF _____

_____ Petitioner, vs. _____ _____ Respondent.
_____ Petitioner, vs. _____ Respondent.

ORDER TO CONSOLIDATE

Case No. _____

Case No. _____

IT IS ORDERED the above-named cases are consolidated. All further pleadings shall be
filed only in Case No. _____.

DATED: _____

Magistrate

CLERK'S CERTIFICATE OF SERVICE

I certify that on *(date)* _____ a copy was served on:

(Your Name) [] By United States Mail

(Street or Post Office Address) [] By FAX

(City, State, and Zip Code) [] By personal delivery
[] By overnight mail/Federal Express

(Other Parent's Name) [] By United States Mail

(Street or Post Office Address) [] By FAX

(City, State, and Zip Code) [] By personal delivery
[] By overnight mail/Federal Express

Deputy Clerk