

\_\_\_\_\_  
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 \_\_\_\_\_

\_\_\_\_\_,  
Petitioner,

vs.

\_\_\_\_\_,  
Respondent.

Case No. \_\_\_\_\_

NOTICE OF HEARING ON MOTION TO  
TERMINATE INCOME WITHHOLDING  
ORDER FOR CHILD SUPPORT

A Motion and Affidavit to Terminate Income Withholding has been filed by (name)

\_\_\_\_\_.

Such Motion will be heard at \_\_\_\_\_ o'clock \_\_\_\_\_.m. on (date) \_\_\_\_\_  
in courtroom number \_\_\_\_\_ at the (county) \_\_\_\_\_ County Courthouse,  
(address) \_\_\_\_\_.

Date: \_\_\_\_\_

CLERK OF THE DISTRICT COURT

\_\_\_\_\_  
Typed/printed name

By: \_\_\_\_\_  
Deputy Clerk

CLERK'S CERTIFICATE OF SERVICE

I certify that a copy of this Notice was served:

\_\_\_\_\_  
(Name)

- By United States mail
- By personal delivery
- By fax (number) \_\_\_\_\_

\_\_\_\_\_  
(Street or Post Office Address)

\_\_\_\_\_  
(City, State, and Zip Code)

\_\_\_\_\_  
(Name)

- By United States mail
- By personal delivery
- By fax (number) \_\_\_\_\_

\_\_\_\_\_  
(Street or Post Office Address)

\_\_\_\_\_  
(City, State, and Zip Code)

Date: \_\_\_\_\_

\_\_\_\_\_  
Deputy Clerk