
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. _____

REQUEST FOR HEARING
ON REGISTRATION
OF A CHILD CUSTODY
DETERMINATION

1. I request a hearing to contest the validity of the registered child custody determination filed by (name of person who filed application for registration):

_____.

2. The reason I contest the registration is:

(check the box that explains your reason)

The issuing court did not have jurisdiction under the UCCJEA; **or**

The child custody determination sought to be registered has been vacated, stayed or modified by a court having jurisdiction to do so under the UCCJEA, in the following court _____, in case number _____, on the _____ day of _____;

and/or

I was entitled to notice, but notice was not given in accordance with the standards of section 32-11-108 Idaho Code, in the proceedings before the court that issued the order for which registration is sought.

CERTIFICATION UNDER PENALTY OF PERJURY

I certify under penalty of perjury pursuant to the law of the State of Idaho that the foregoing is true and correct.

Date: _____

Typed/Printed Name

Signature

CERTIFICATE OF SERVICE

I certify that on (date) _____ I served a copy to: (name all parties in the case other than yourself)

(Name)

(Street or Post Office Address)

(City, State, and Zip Code)

- By mail
- By fax (number) _____
- By personal delivery
- Overnight delivery/Fed Ex

(Name)

(Street or Post Office Address)

(City, State, and Zip Code)

- By mail
- By fax (number) _____
- By personal delivery
- Overnight delivery/Fed Ex

Typed/printed name

Signature