
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.

and _____,
Co-Respondents.

Case No. _____

MOTION FOR
JOINDER OF PARTY

Under Rule 19, I.R.C.P., I, (your name) _____, want to
obtain an Order joining the other parent as a party in this action and swear under oath:

1. The above-entitled action was filed by the State of Idaho, Department of Health
and Welfare to establish paternity and order support of the following child/ren:

<u>Name(s) of Child/ren</u>	<u>Date(s) of Birth</u>
_____	_____
_____	_____
_____	_____
_____	_____

2. I am the mother father of the minor child/ren and an interested party with
regard to all issues relating to my child/ren.

3. I want to modify the child support provisions of the court's most recent Child Support Order, based upon a substantial and material permanent change in the circumstances of one or both parties, **and/or** obtain an order respecting custody and visitation of the minor child/ren.
4. Both as a matter of right and in the interest of judicial economy the other parent, (name) _____ should be joined in this case.
5. I ask that the future case caption name both parents as Co-Respondents.
6. I ask that the court grant this Motion without requiring a hearing. **or** I ask that the Court set a hearing and I am filing a Notice of Hearing.

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)

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