Full Name of Party Filing Document

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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

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| State Of Idaho, Department of Health andWelfare, Division of Child Support Enforcement, Petitioner, vs. and , Co-Respondents. | Case No. JOINDER ORDER |

This matter came before the Court on the ⬜ mother's ⬜ father’s Motion for Joinder of a party. It is ORDERED that ⬜ mother ⬜ father, named is joined as a party in this case. The case caption shall name both parents as Co-Respondents.

Date:

 Judge

CLERK’S CERTIFICATE OF SERVICE

I certify that a copy of this Order was served:

|  |  |
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| State of Idaho, Department of HealthAnd Welfare, Division of Child Support Enforcement (Street or Post Office Address) (City, State, and Zip Code) | * By United States mail
* By personal delivery
* By fax (number)
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|  (Name) (Street or Post Office Address) (City, State, and Zip Code) | * By United States mail
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 |
|  (Name) (Street or Post Office Address) (City, State, and Zip Code) | * By United States mail
* By personal delivery
* By fax (number)
 |
| Date:  |  Deputy Clerk |

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