
Full Name of Party Filing 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 _____

_____,
Father

_____,
Mother

State Of Idaho, Department Of Health And Welfare

_____,
Plaintiff or Co-Petitioner,
vs.

_____,
Defendant or Co-Petitioner.

NOTICE OF HEARING
MOTION TO CONSOLIDATE

Case No. _____

Case No. _____

The Motion to Consolidate will be heard on the ____ day of _____,
20____, at the hour of _____ .m., at the _____ County
courthouse, located at (street address) _____
_____, _____ Idaho.

DATED: _____

(Signature)

CERTIFICATE OF SERVICE

I certify I served a copy to: (Fill in the mailing address of the attorney for the Department of Health & Welfare and the other parent's name and mailing address)

(Name)

(Street or Post Office Address)

(City, State, and Zip Code)

- By Mail
- By fax to (number) _____
- By personal delivery

(Name)

(Street or Post Office Address)

(City, State, and Zip Code)

- By Mail
- By fax to (number) _____
- By personal delivery

Date: _____

Signature

Typed/printed Name of Party Signing