
Full Name of Party Submitting 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.

ORDER TO CONSOLIDATE

Case No. _____

Case No. _____

IT IS ORDERED the above-named cases are consolidated. All further pleadings shall be
filed only in Case No. _____

DATED: _____

Judge

CLERK'S CERTIFICATE OF SERVICE

I certify that on *(date)* _____ a copy was served on:

(Fill in the mailing address of the attorney for the Department of Health & Welfare and the other parent's name and mailing address)

State of Idaho, Department of Health & Welfare
Division of Child Support Services

(Name)

By Hand-delivery

(Address)

By Mailing

By Fax to (number) _____

(City, State and Zip)

To:

(Name)

By Hand-delivery

(Address)

By Mailing

By Fax to (number) _____

(City, State and Zip)

To:

(Name)

By Hand-delivery

(Address)

By Mailing

By Fax to (number) _____

(City, State and Zip)

Date: _____

Deputy Clerk