
Full Name of Party Submitting This Document

Mailing Address (Street or Post Office Box)

City, State and 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

Case No.: _____

NOTICE OF MODIFICATION MOTION

To: (Full Name of Other Parent) _____
AND: State of Idaho, Department of Health and Welfare, Division of Child Support
Enforcement

PLEASE TAKE NOTICE that the [] Father [] Mother, (your full name) _____
_____, has asked for a modification of [] Child Support,
[] Child Custody in the above-entitled case. THE COURT MAY ENTER JUDGMENT
AGAINST YOU WITHOUT FURTHER NOTICE UNLESS YOU RESPOND WITHIN 20 DAYS.
PLEASE READ THE INFORMATION BELOW.

You are notified that in order to defend this Modification an appropriate written response
must be filed with the above designated court within twenty (20) days after service of this Notice
on you. If you fail to respond the court may enter judgment against you as requested in the
Motion.

A copy of the Motion is served with this Notice. If you wish to seek the advice of or representation by an attorney in this matter, you should do so promptly so that your written response, if any, may be filed in time and other legal rights protected.

An appropriate written response requires compliance with Rule 10(a)(1) and other Idaho Rules of Civil Procedure, and shall also include:

1. The title and number of this case.
2. If your response is an Answer it must contain admissions or denials of the separate allegations, and any defenses you may claim.
3. Your signature, mailing address and telephone number, or the signature, mailing address telephone number and bar license number of your attorney.
4. Proof of mailing or delivery of a copy of your response to Father/Mother as designated above.

To determine whether you must pay a filing fee with your response, contact the Clerk of the above-named Court. The address of the above-named Court is: Ada County Courthouse, 200 W. Front Street, Boise ID 83702.

The telephone number for the Clerk of the above-named Court is: (208) 287-6900.

Date: _____

CLERK OF THE DISTRICT COURT

By: _____
Deputy Clerk