

\_\_\_\_\_  
Full name of Party Filing this Document

\_\_\_\_\_  
Mailing Address (Street or Post Office Box)

\_\_\_\_\_  
City, State and Zip Code

\_\_\_\_\_  
Telephone Number

Pro Se

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.

STIPULATION TO CONSOLIDATE

Case No. \_\_\_\_\_

Case No. \_\_\_\_\_

An action for [ ] Divorce [ ] Custody has been filed. These cases involve issues relating to the child/ren of the above-named parents. We ask the court to consolidate the cases. Rule 42(a), I.R.C.P.

DATED: \_\_\_\_\_

\_\_\_\_\_  
Attorney for the Department of Health & Welfare

DATED: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Parent)

DATED: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Parent)