
Full Name of Party Filing 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

Case No. _____

NOTICE OF APPEARANCE

Fee Category: I. _____

Filing Fee: \$ _____

State of Idaho, Department of Health and Welfare

TO: CLERK OF THE ABOVE DISTRICT COURT: I represent myself. All pleadings, motions, notices, or other papers should be served on me. I certify I served a copy:

To: State of Idaho, Department of Health and Welfare, Division of Child Support Enforcement

(Name)

(Street or Post Office Address)

(City, State, and Zip Code)

To: (Name and Address of other Parent)

(Name)

(Street or Post Office Address)

(City, State, and Zip Code)

Date: _____

By Mail

By fax to (number) _____

By personal delivery

By Mail

By fax to (number) _____

By personal delivery

Signature

Typed/Printed Name of Party