

\_\_\_\_\_  
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

\_\_\_\_\_  
State of Idaho, Department of Health and Welfare

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

SWORN STIPULATION FOR ENTRY OF  
ORDER

The above-named parents agree and stipulate that the Court may enter the order a copy of which is attached. The parents state under oath:

1. This court has jurisdiction of this matter.
2. The proposed order results in a fair resolution of all pending issues between us.
3. We waive our right to appear personally in court to present testimony and ask that the Court enter the Order without a Court hearing.
4. We waive entry of findings of fact and conclusions of law pursuant to Rule 52(a), I.R.C.P..

STATE OF IDAHO                    )  
  ) ss.  
County of \_\_\_\_\_)

I swear I am a parent in this case; I have read this Stipulation and state that all facts

included are true.

\_\_\_\_\_  
Signature of Parent

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public for Idaho  
Residing at: \_\_\_\_\_  
My Commission expires: \_\_\_\_\_

STATE OF IDAHO                    )  
  ) ss.  
County of \_\_\_\_\_)

I swear I am a parent in this case; I have read this Stipulation and state that all facts included are true.

\_\_\_\_\_  
Signature of Parent

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public for Idaho  
Residing at: \_\_\_\_\_  
My Commission expires: \_\_\_\_\_

**CERTIFICATE OF SERVICE**

We certify we 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)

- By Mail
- By fax to (number) \_\_\_\_\_
- By personal delivery

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature  
\_\_\_\_\_  
Typed/Printed Name of Party Signing