

\_\_\_\_\_  
Full Name of Party Filing Document

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

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

\_\_\_\_\_  
Telephone

IN THE DISTRICT COURT FOR THE \_\_\_\_\_ JUDICIAL DISTRICT  
FOR THE STATE OF IDAHO, IN AND FOR THE COUNTY OF \_\_\_\_\_

\_\_\_\_\_,  
Father  
\_\_\_\_\_,  
Mother  
\_\_\_\_\_  
State of Idaho Department of Health & Welfare

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

MOTION AND AFFIDAVIT  
FOR ENTRY OF DEFAULT

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

[    ] Father [    ] Mother moves this Court for Entry of Default on the grounds that \_\_\_\_\_, having (a) received notice by personal service; or (b) been served by publication, has failed to appear within the time period for answering the Complaint in the above-entitled matter. This motion is made pursuant to Rule 55(a)(1) Idaho Rules of Civil Procedure and the pleadings filed herein.

I swear under oath:

1. I am a parent in this action.
2. Proof of service upon \_\_\_\_\_ is on file in this case.
3. The defaulting party has failed to answer or defend the above-entitled matter as required by law within twenty (20) days of the date of service.
4. The defaulting party is mentally competent and over the age of eighteen (18) years.

5. [ ] The defaulting party is not in the uniformed services as defined by the Servicemembers Civil Relief Act of 2003; I know this because

\_\_\_\_\_

OR [ ] I am unable to determine whether the defaulting party is in the uniformed services as defined by the Servicemembers Civil Relief Act of 2003,

OR [ ] The defaulting party is in the uniformed services as defined by the Servicemembers Civil Relief Act of 2003, and has waived in writing his/her rights under the Act.

6. I certify the name of the defaulting party is \_\_\_\_\_, and the address most likely to give the defaulting party notice of entry of judgment of default is (address)

\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Father/Mother

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

\_\_\_\_\_  
Notary Public for Idaho  
Residing at \_\_\_\_\_  
Commission Expires \_\_\_\_\_