
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	Case No.: _____ DEFAULT
_____, Mother	
State of Idaho, Department of Health and Welfare	

[] Father [] Mother was served and has failed to plead or otherwise defend within
the time allowed;

THEREFORE, default is entered against _____.

Date: _____ Judge _____