

\_\_\_\_\_  
Full Name of Party Submitting This Document

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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 \_\_\_\_\_

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

Plaintiff,

vs.

\_\_\_\_\_, and

\_\_\_\_\_,

Co-Defendants.

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

ORDER ALLOWING  
INTERVENTION

This matter came before the Court on the [ ] mother's [ ] father's Motion to Intervene.  
It is ORDERED [ ] Mother [ ] Father named \_\_\_\_\_  
may intervene in this case and file documents reflecting herself/himself as a Co-Defendant. The  
case caption shall name both parents as Co-Defendants.

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

\_\_\_\_\_  
Judge

CLERK'S CERTIFICATE OF SERVICE:

I certify I served a copy:

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

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To:

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(Name)

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(Address)

By Mailing

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(City, State and Zip)

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

\_\_\_\_\_  
Deputy Clerk