

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

_____,
Plaintiff,
vs.
_____,
Defendant

Case No.: _____

PARTIAL SUM CERTAIN JUDGMENT

Partial judgment is hereby awarded in favor of the Plaintiff Defendant, named
_____, against the Plaintiff Defendant, named
_____, in the amount of \$_____, to reimburse
for: Medical Expenses for their child/ren not otherwise covered by insurance;
 Work-related Child Care Expenses for their child/ren; and/or Payments to Creditors.

DATED: _____
Judge

CLERK'S CERTIFICATE OF SERVICE

I certify that a copy of this Partial Sum Certain Judgment was served on the following persons
on this date: _____.

Plaintiff: Mail Hand-delivery
[name] _____
[address] _____
[city, state, zip] _____

Defendant: Mail Hand-delivery
[name] _____
[address] _____
[city, state, zip] _____

Deputy Clerk