Full Name of Party Filing Document

Mailing Address (Street or Post Office Box)

City, State and Zip Code

Telephone

Email Address (if any)

IN THE DISTRICT COURT FOR THE JUDICIAL DISTRICT

FOR THE STATE OF IDAHO, IN AND FOR THE COUNTY OF

|  |  |
| --- | --- |
|  , Petitioner, vs. , Respondent. | Case No. ORDER ON MOTION TO TERMINATEINCOME WITHHOLDING ORDER FORCHILD SUPPORT |

IT IS ORDERED:

⬜ the Income Withholding Order for Child Support entered on: (date of Order) is terminated. **or**

⬜ the Motion to Terminate Income Withholding Order for Child Support is denied.

Date:

 Judge

CLERK’S CERTIFICATE OF SERVICE

I certify that a copy of this Order was served:

|  |  |
| --- | --- |
|  (Name) (Street or Post Office Address) (City, State, and Zip Code) | * By United States mail
* By personal delivery
* By fax (number)
 |
|  (Name) (Street or Post Office Address) (City, State, and Zip Code) | * By United States mail
* By personal delivery
* By fax (number)
 |
| Date:  |   Deputy Clerk |