

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

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

Petitioner,

vs.

\_\_\_\_\_  
and \_\_\_\_\_  
Co-Respondents.

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-Respondent. The case  
caption shall name both parents as Co-Respondents.

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

\_\_\_\_\_  
Judge

CLERK'S CERTIFICATE OF SERVICE

I certify that a copy of this Order was served:

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

- By United States mail
- By personal delivery
- By fax (number) \_\_\_\_\_

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

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

\_\_\_\_\_  
(Name)

- By United States mail
- By personal delivery
- By fax (number) \_\_\_\_\_

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

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(City, State, and Zip Code)

\_\_\_\_\_  
(Name)

- By United States mail
- By personal delivery
- By fax (number) \_\_\_\_\_

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

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

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

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