

\_\_\_\_\_  
Full Name of Party Filing 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 \_\_\_\_\_

\_\_\_\_\_, )  
Plaintiff, ) Case No. \_\_\_\_\_  
vs. )  
\_\_\_\_\_, )  
Defendant. ) MOTION AND AFFIDAVIT FOR  
ENTRY OF PARTIAL JUDGMENT IN A  
SUM CERTAIN  
\_\_\_\_\_)

STATE OF IDAHO )  
 ) : ss  
County of \_\_\_\_\_)

To obtain a partial judgment in a sum certain, I swear under oath:

[ ] Section One: Health Care or Work-related Child Care Expenses.

1. The Order/Decree in this case provides for a sharing of [ ] health care expenses not paid by insurance, and/or [ ] work-related child care costs, in the following percentages: \_\_\_\_\_% to be paid by father and \_\_\_\_\_% to be paid by mother.

2. I have paid the total sum of [ ] \$\_\_\_\_\_ in medical expenses and/or [ ] in work-related child care costs and, despite having submitted proof of payment to the other parent, I have not been reimbursed.

3. (name) \_\_\_\_\_ owes me the sum of \$\_\_\_\_\_ for his/her portion of health care expenses not paid by insurance or work-related child care expenses incurred to (date), \_\_\_\_\_, and a partial judgment should be entered against him/her in that amount.

[ ] Section Two: Payments to Creditors.

1. The Order/Decree in this case provides for the payment of the following account/s by my former spouse: \_\_\_\_\_  
\_\_\_\_\_

2. I have paid the total sum of \$\_\_\_\_\_ for this/these accounts and, despite having submitted proof of payment to my former spouse, I have not been reimbursed.

3. (name) \_\_\_\_\_ owes me the sum of \$\_\_\_\_\_ for his/her portion of creditor payments made by me to \_\_\_\_\_ (date), and a partial judgment should be entered against him/her.

Section Three. Request for Partial Judgment.

I ask that Partial Judgment be entered against (other party's name) \_\_\_\_\_ in favor of (your name) \_\_\_\_\_ in the amount of \$\_\_\_\_\_ , for

health care expenses  work-related child care costs  payments to creditors.

I have attached copies of receipts reflecting the above amounts, which are true and correct amounts to the best of my knowledge and belief. (Attach receipts and/or any other documentation used to verify the amount requested.)

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

\_\_\_\_\_  
Signature

SUBSCRIBED and SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public for

Residing at \_\_\_\_\_

Commission Expires: \_\_\_\_\_

#### CERTIFICATE OF SERVICE

I certify I served a copy to: (name the other party or their attorney in the case)

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

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

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

By Mail

By fax to (number) \_\_\_\_\_

By personal delivery

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Typed/printed Name of Party Signing