

Full Name of Party Filing this Document

Mailing Address (Street or Post Office Box)

City, State, and Zip Code

Telephone Number

Email Address (if any)

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

In the Matter of

DOB: _____
a Minor.

Case No.: _____

NOTICE OF PETITION TO TERMINATE
GUARDIANSHIP AND HEARING

1. On _____, 20_____, (name) _____
_____ filed a Petition to terminate the
guardianship of (name) _____.
2. A copy of the petition is attached.
3. The petition has been set for hearing in the Court located at (court's address) _____
_____, (city) _____,
Idaho, on (Month and Day) _____, 20_____,
at _____ o'clock, _____.m.

Date: _____

Petitioner's Signature

CERTIFICATE OF SERVICE

I certify I served a copy to: (name all parties or their attorneys in the case, other than yourself)

(Name)

(Street or Post Office Address)

(City, State, and Zip Code)

- By Mail
- By fax to (number)_____
- By personal delivery

(Name)

(Street or Post Office Address)

(City, State, and Zip Code)

- By Mail
- By fax to (number)_____
- By personal delivery

(Name)

(Street or Post Office Address)

(City, State, and Zip Code)

- By Mail
- By fax to (number)_____
- By personal delivery

(Name)

(Street or Post Office Address)

(City, State, and Zip Code)

- By Mail
- By fax to (number)_____
- By personal delivery

(Name)

(Street or Post Office Address)

(City, State, and Zip Code)

- By Mail
- By fax to (number)_____
- By personal delivery

Date: _____

Typed/Printed Name

Signature