

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

Case No.: _____

AFFIDAVIT OF SERVICE OF PETITION
FOR TERMINATION OF GUARDIANSHIP

_____ ,

DOB: _____
a Minor.

1. I am a resident of _____ County, State of _____,
over the age of eighteen (18) years, and not a party to the above-entitled action.

2. On the _____ day of _____, 20 _____, I
personally served copies of the Petition for Termination of Guardianship,

and: (Check all additional documents served)

Notice of Petition to Terminate Guardianship and Hearing;

Other (specify) _____

on (Name) _____, in the County of _____,

State of _____ at (address) _____

CERTIFICATION UNDER PENALTY OF PERJURY

I certify under penalty of perjury pursuant to the law of the State of Idaho that the foregoing is true and correct.

Date: _____

Signature

Typed/Printed Name