
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.: _____

REQUEST FOR HEARING ON
APPOINTMENT OF TEMPORARY
GUARDIANSHIP OF A MINOR

1. On _____, 20_____, (name) _____
_____ was appointed temporary guardian of the
above named minor.
2. I request a hearing be set regarding the appropriateness of the appointment of the
temporary guardian.

Date: _____

Signature