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)	
	JUDICIAL DISTRICT
OF THE STATE OF IDAHO, IN AND FOR T	
In the Matter of	Case No.:
,	ORDER RE: APPOINTMENT OF ATTORNEY OR GUARDIAN AD LITEM
DOB:a Minor.	
The Court in the above titled case, pursuant 1. Appointment of an attorney or guardian the minor's best interests because	n ad litem for the minor is not necessary to serve
	;
or 2. Appointment of an attorney or a guard	ian ad litem is not necessary because the Idaho
Department of Health and Welfare has legal cu	ustody of the minor; <b>or</b>
□ 3	is appointed to serve as:
<ul><li>attorney for the minor; or</li><li>guardian ad litem for the minor.</li></ul>	
The appointment shall continue until the responsibilities and authority are as follows:	he Court orders otherwise. The appointee's
a. Upon the presentation of a copy of this C	order, and except to the extent prohibited or
regulated by federal law, any person or ager	ncy, including, without limitation, any hospital,

school, organization, the Department of Health and Welfare, doctor, nurse, or other health care provider, psychologist, psychiatrist, police department, or mental health clinic shall permit the appointee to inspect and copy pertinent records necessary for this proceeding relating to the minor and his/her parents without consent of the minor or parents.

b. The appointee shall maintain all information regarding the case confidential and shall not disclose except to the Court or other parties to the case.

c. All parties to this proceeding shall promptly notify the appointee of all hearings, staffing, investigation, depositions, and significant changes of circumstances of the minor.

d. The appointee shall act as an advocate for the minor and is charged with the general representation of the minor. The appointee shall be entitled to confer with the minor and the minor's immediate family including, but not limited to, parents, siblings, and next of kin.

e. The Court orders that reasonable costs, fees, and disbursements incurred by him/her in this case shall be paid by the Petitioner(s). Any order for payment of fees under this order is enforceable by civil judgment and execution on that judgment.

DATE: \_\_\_\_\_

MAGISTRATE JUDGE

## CLERK'S CERTIFICATE OF SERVICE

I certify that I served a copy of this Order to: (name all parties in the case other than yourself)

(Name)	By United States mail	
	By personal delivery By fax to: (number)	
(Street or Post Office Address)	By email to:	
(City, State, and Zip Code)		
(Name)	By United States mail By personal delivery By fax to: (number)	
(Street or Post Office Address)	By email to:	
(City, State, and Zip Code)		
(Name)	By United States mail By personal delivery	
(Street or Post Office Address)	By fax to: (number) By email to:	
(City, State, and Zip Code)		
(Name)	By United States mail By personal delivery	
(Street or Post Office Address)	By fax to: (number) By email to:	
(City, State, and Zip Code)		
(Name)	By United States mail By personal delivery	
(Street or Post Office Address)	By fax to: (number) By email to:	
(City, State, and Zip Code)		
Date:	Deputy Clerk	