
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.: _____

LETTERS OF TEMPORARY
GUARDIANSHIP

_____ was duly appointed and qualified as
temporary guardian of the above named minor on the _____ day of _____,
20 _____.

These letters are issued to evidence the appointment, qualification, and authority of the said
temporary guardian. The temporary guardianship is a general guardianship.

- The temporary guardian was appointed by will, **or**
 The temporary guardian was appointed by court order.

This appointment as temporary guardian will terminate upon this Court's appointment of a
qualified person as guardian, or six months from the above appointment date, whichever occurs
first.

DATE: _____

MAGISTRATE JUDGE