

\_\_\_\_\_  
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 TEMPORARY  
GUARDIANSHIP OF A MINOR

1. On \_\_\_\_\_, 20\_\_\_\_\_, (name) \_\_\_\_\_  
\_\_\_\_\_ was appointed temporary guardian of the  
above named minor.
2. You have the right to request a hearing on this matter. You may use form Request for  
Hearing (CAO GCM 4-8) to request a hearing with the court.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

CERTIFICATE OF SERVICE

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

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Street or Post Office Address)

\_\_\_\_\_  
(City, State, and Zip Code)

- By United States mail
- By personal delivery
- By fax to: (number) \_\_\_\_\_
- By email to: \_\_\_\_\_

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Street or Post Office Address)

\_\_\_\_\_  
(City, State, and Zip Code)

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- By personal delivery
- By fax to: (number) \_\_\_\_\_
- By email to: \_\_\_\_\_

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Street or Post Office Address)

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(City, State, and Zip Code)

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\_\_\_\_\_  
(Name)

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\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Street or Post Office Address)

\_\_\_\_\_  
(City, State, and Zip Code)

- By United States mail
- By personal delivery
- By fax to: (number) \_\_\_\_\_
- By email to: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature