

\_\_\_\_\_  
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.: \_\_\_\_\_

NOMINATION BY A MINOR

1. I am the above named minor.
2. I am fourteen (14) years of age or older.
3. I nominate \_\_\_\_\_ as my guardian.

**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: \_\_\_\_\_

\_\_\_\_\_  
Typed/Printed Name

\_\_\_\_\_  
Signature