
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.: _____

WAIVER OF NOTICE

1. I am:

the person who has had the principal care and custody of the minor during the last 60 days pursuant to I.C. 15-5-207(2)(b).

My information is as follows:

(Name of Person) _____,

(Address) _____

(Relationship to Minor) _____;

or

the de facto custodian of the minor as defined in I.C. 15-5-213(1).

My information is as follows:

(Name of de facto custodian) _____,

(Address) _____

or

a parent of the minor

My information is as follows:

(Name of Parent) _____,

(Address) _____,

2. I waive notice of the following:

a. All petitions, applications, and filings concerning the above guardianship; **or**

b. The following petitions, applications, and filings:

Petition for Appointment of Guardian of Minor

Notice of Petition for Appointment of Guardian of Minor and Hearing

Petition to Terminate Guardianship of Minor

Notice of Petition to Terminate Guardianship of Minor and Hearing

Date: _____

Signature

Typed/Printed Name

Mailing Address

City, State, Zip

Telephone Number