
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.: _____

PETITION FOR TERMINATION
OF GUARDIANSHIP

Petitioner, (name) _____, states and represents:

1. My interest in this matter is _____.

2. The petitioner seeks permission to terminate the guardianship because it is no longer in
the best interests of the minor because: _____

3. Notice of the time and place of hearing on this petition should be given to the following:

Name	Address	Relationship to Minor

WHEREFORE, PETITIONER REQUESTS THAT:

1. The Court fix a time and place for hearing.
2. Notice be given as required by law.
3. The Court enter Judgment authorizing the termination of the guardianship and discharge the 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

 Petitioner's Signature