
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 TERMINATION OF
GUARDIANSHIP

Guardian, (name) _____, states and represents:

1. I request the guardianship be terminated for the following reason:

The minor turned age eighteen (18) on _____, the guardianship is no longer required, and I have attached the minor's birth certificate.

The minor is adopted and I have attached proof of the adoption.

The minor died on _____ and I have attached the minor's death certificate.

The minor married on _____ and I have attached proof of the marriage.

Date: _____

Petitioner's Signature

CERTIFICATE OF SERVICE

I certify I served a copy to: (name all parties or their attorneys in the case, other than yourself)

(Name)

(Street or Post Office Address)

(City, State, and Zip Code)

- By Mail
- By fax to (number)_____
- By personal delivery

(Name)

(Street or Post Office Address)

(City, State, and Zip Code)

- By Mail
- By fax to (number)_____
- By personal delivery

(Name)

(Street or Post Office Address)

(City, State, and Zip Code)

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- By personal delivery

(Name)

(Street or Post Office Address)

(City, State, and Zip Code)

- By Mail
- By fax to (number)_____
- By personal delivery

Date: _____

Typed/Printed Name

Signature