

\_\_\_\_\_  
Full Name of Party Filing Document

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

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

\_\_\_\_\_  
Telephone

IN THE DISTRICT COURT FOR THE \_\_\_\_\_ JUDICIAL DISTRICT  
FOR THE STATE OF IDAHO, IN AND FOR THE COUNTY OF \_\_\_\_\_

IN THE MATTER OF:

\_\_\_\_\_  
A Minor Child Under the Age of 16 Years.

Case No. \_\_\_\_\_

STATEMENT OF EXAMINING PHYSICIAN

I have examined (full legal name) \_\_\_\_\_, a minor child who is under the age of sixteen (16) years, and it is my opinion that he/she  is  is not sufficiently developed mentally and physically to assume full marital and parental duties.

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

\_\_\_\_\_  
Signature of Physician

\_\_\_\_\_  
Typed/printed name