
Full Name of Party Submitting this Document

Mailing Address (Street or Post Office Box)

City, State, and Zip Code

Telephone Number

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

STATE OF IDAHO)
 :ss.
County of _____)

I swear under oath: I am the above named minor. I am fourteen (14) years of age or older. I nominate _____ as my guardian.

DATE: _____

Signature of minor

SUBSCRIBED AND SWORN TO before me this ____ day of _____, 20__.

Notary Public for Idaho
Residing at _____
My commission expires: _____