

\_\_\_\_\_  
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.: \_\_\_\_\_

WAIVER OF NOTICE

1. With regard to the above matter, the undersigned is:

the minor, if 14 or more years of age; **OR**

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(a); (name) \_\_\_\_\_,  
(address) \_\_\_\_\_,  
relationship to minor \_\_\_\_\_; **OR**

a parent of the minor; (name) \_\_\_\_\_,  
(address) \_\_\_\_\_,  mother  father; **OR**

a person interested in the welfare of the minor; (name) \_\_\_\_\_,  
relationship to minor \_\_\_\_\_,  
(address) \_\_\_\_\_.

2. I waive notice of the following matters:

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 of Person signing this Document

\_\_\_\_\_  
Printed Name of Person signing this Document

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

\_\_\_\_\_  
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\_\_\_\_\_  
Telephone Number