

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

NOTICE OF PETITION TO TERMINATE  
GUARDIANSHIP AND HEARING

1. Please take notice that on \_\_\_\_\_, 20\_\_\_\_, I filed a Petition to Terminate Guardianship of a Minor.
2. (a)\_\_\_\_ A copy of the petition is attached.  
(b)\_\_\_\_ A copy of the petition is on file with the Clerk of the Court at  
(address)\_\_\_\_\_, (phone)\_\_\_\_\_ and may be reviewed upon request.
3. The petition has been set for hearing in this Court located at \_\_\_\_\_,  
\_\_\_\_\_, Idaho, on \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_ o'clock, \_\_\_\_m.

DATE: \_\_\_\_\_

\_\_\_\_\_  
Signature of petitioner

CERTIFICATE OF SERVICE

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

\_\_\_\_\_  
(Name)

By Mail

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

By fax to (number) \_\_\_\_\_

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

By personal delivery

\_\_\_\_\_  
(Name)

By Mail

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

By fax to (number) \_\_\_\_\_

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

By personal delivery

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Typed/printed Name of Party Signing