

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

ORDER TERMINATING  
GUARDIANSHIP

UPON CONSIDERATION of the Petition for Termination of Guardianship of a Minor filed by \_\_\_\_\_, the Court determines and finds, upon hearing, that the allegations and statements contained in said petition are true, all required notices have been given or waived, the guardianship has been administered according to the laws of this State and the orders of this Court, and should be closed.

1. THEREFORE, IT IS HEREBY ORDERED that the Guardian is hereby discharged and the administration of the guardianship is closed.

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

\_\_\_\_\_  
MAGISTRATE

CLERK'S CERTIFICATE OF SERVICE

I certify I served a copy of this Order:

Name: \_\_\_\_\_ [ ] By Hand-delivery

Address: \_\_\_\_\_ [ ] By Mailing

City, State, Zip: \_\_\_\_\_ [ ] By Fax

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City, State, Zip: \_\_\_\_\_ [ ] By Fax

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

\_\_\_\_\_  
Deputy Clerk