
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

Case No.: _____

_____,
DOB: _____,

AFFIDAVIT OF SERVICE OF
PETITION FOR APPOINTMENT

a Minor.

STATE OF _____)
: ss.
County of _____)

I swear under oath:

1. I am a resident of _____ County, State of _____, over
the age of eighteen (18) years, and not a party to the above-entitled action.

2. On the _____ day of _____, 20_____, I personally
served copies of the Petition for Appointment of Guardian of Minor and Notice of Petition and
Hearing upon _____, in the County of _____,
State of _____ at (address) _____.

Affiant's Signature

Typed name of Affiant

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

Notary Public for _____
Residing at _____
Commission Expires: _____