Full Name of Party Filing this Document

Mailing Address (Street or Post Office Box)

City, State, and Zip Code

Telephone Number

Email Address (if any)

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.:  AFFIDAVIT OF SERVICE OF PETITION FOR APPOINTMENT |

1. On (Date) , I served copies of the Petition for Appointment of Guardian of a Minor,

and: (Check all additional documents served)

[ ]  Sworn Consent to Appointment of Guardian;

[ ]  Nomination by a Minor;

[ ]  Waiver of Notice;

[ ]  Notice of Guardianship Petition and Hearing;

[ ]  Other (specify)

 ,

to: (Name) at the following address:

by: ⬜ Certified Mail ⬜ Registered Mail ⬜ First Class Mail ⬜ Personal delivery

**CERTIFICATION UNDER PENALTY OF PERJURY**

I certify under penalty of perjury pursuant to the law of the State of Idaho that the

foregoing is true and correct.

Date:

 Signature

Typed/Printed Name