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.:    REQUEST FOR HEARING ON APPOINTMENT OF TEMPORARY  GUARDIANSHIP OF A MINOR |

1. On , 20 , (name) was appointed temporary guardian of the above named minor.

1. I request a hearing be set regarding the appropriateness of the appointment of the temporary guardian.

Date:

Signature