
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.: _____

ACCEPTANCE OF APPOINTMENT BY
GUARDIAN

I will perform the duties and discharge the responsibilities of guardian for the above named minor. I submit personally to the jurisdiction of this Court in any proceeding relating to the minor or his/her estate that may be instituted by an interested person, as defined by the Idaho Uniform Probate Code.

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