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.:    NOTICE OF TERMINATION OF GUARDIANSHIP |

Guardian, (name) , states and represents:

1. I request the guardianship be terminated for the following reason:

The minor turned age eighteen (18) on , the guardianship is no longer required, and I have attached the minor’s birth certificate.

The minor is adopted and I have attached proof of the adoption.

The minor died on and I have attached the minor’s death certificate.

The minor married on and I have attached proof of the marriage.

Date:

Petitioner’s Signature

CERTIFICATE OF SERVICE

I certify I served a copy to: (name all parties or their attorneys in the case, other than yourself)

By Mail

(Name)

By fax to (number)

(Street or Post Office Address)

By personal delivery

(City, State, and Zip Code)

By Mail

(Name)

By fax to (number)

(Street or Post Office Address)

By personal delivery

(City, State, and Zip Code)

By Mail

(Name)

By fax to (number)

(Street or Post Office Address)

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By Mail

(Name)

By fax to (number)

(Street or Post Office Address)

By personal delivery

(City, State, and Zip Code)

Date:

|  |  |
| --- | --- |
| Typed/Printed Name | Signature |