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.:    PETITION FOR TERMINATION  OF GUARDIANSHIP |
|  |  |

Petitioner, (name) , states and represents:

1. My interest in this matter is .

2. The petitioner seeks permission to terminate the guardianship because it is no longer in the best interests of the minor because: .

###### 3. Notice of the time and place of hearing on this petition should be given to the following:

|  |  |  |
| --- | --- | --- |
| Name | Address | Relationship to Minor |
|  |  |  |
|  |  |  |
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|  |  |  |
|  |  |  |

WHEREFORE, PETITIONER REQUESTS THAT:

1. The Court fix a time and place for hearing.
2. Notice be given as required by law.
3. The Court enter Judgment authorizing the termination of the guardianship and discharge the guardian.

**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:

Typed/Printed Name Petitioner’s Signature