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 PETITION TO TERMINATE GUARDIANSHIP AND HEARING |

1. On , 20 , (name)

 filed a Petition to terminate the guardianship of (name) .

1. A copy of the petition is attached.

3. The petition has been set for hearing in the Court located at (court’s address) , (city) , Idaho, on (Month and Day) , 20 , at o’clock, .m.

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)

 [ ]  By personal delivery

(City, State, and Zip Code)

 [ ]  By Mail

(Name)

 [ ]  By fax to (number)

(Street or Post Office Address)

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(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)

Date:

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