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.:  AFFIDAVIT OF SERVICE OF PETITION FOR TERMINATION OF GUARDIANSHIP |

1. I am a resident of County, State of , over the age of eighteen (18) years, and not a party to the above-entitled action.

2. On the day of , 20 , I personally served copies of the Petition for Termination of Guardianship,

and: (Check all additional documents served)

[ ]  Notice of Petition to Terminate Guardianship and Hearing;

[ ]  Other (specify)

 ,

on (Name) , in the County of , State of at (address) .

**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