
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.: _____

JUDGMENT TERMINATING
GUARDIANSHIP

JUDGMENT IS ENTERED AS FOLLOWS:

The guardianship is terminated, the Guardian is discharged, and the administration of the guardianship is closed.

DATE: _____

MAGISTRATE JUDGE

CLERK'S CERTIFICATE OF SERVICE

I certify that I served a copy of this Judgment to: (name all parties in the case including yourself)

(Name)

(Street or Post Office Address)

(City, State, and Zip Code)

- By United States mail
- By personal delivery
- By fax to: (number)_____
- By email to:_____

(Name)

(Street or Post Office Address)

(City, State, and Zip Code)

- By United States mail
- By personal delivery
- By fax to: (number)_____
- By email to:_____

(Name)

(Street or Post Office Address)

(City, State, and Zip Code)

- By United States mail
- By personal delivery
- By fax to: (number)_____
- By email to:_____

(Name)

(Street or Post Office Address)

(City, State, and Zip Code)

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- By email to:_____

(Name)

(Street or Post Office Address)

(City, State, and Zip Code)

- By United States mail
- By personal delivery
- By fax to: (number)_____
- By email to:_____

Date: _____

Deputy Clerk