
Full Name of Party Filing this Document

Mailing Address (Street or Post Office Box)

City, State, and Zip Code

Telephone Number

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, _____, states and represents to the court as follows:

1. Petitioner's interest in this matter is as Guardian.
2. Petitioner desires that the guardianship be terminated for the following reason:
 - [] The minor attained his/her majority on _____ and, therefore, the guardianship is no longer required.
 - [] The minor is adopted.
 - [] The minor died on _____.
 - [] The minor married on _____.
 - [] The minor no longer requires protection for the following reasons:

_____.

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

NAME _____ ADDRESS _____ RELATIONSHIP TO MINOR _____

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 an Order authorizing the termination of the guardianship and discharge the guardian.

DATE: _____

Signature of Petitioner

VERIFICATION

STATE OF IDAHO)
 :SS.
County of _____)

Petitioner, being sworn, says that the facts set forth in this document are true, accurate, and complete to the best of Petitioner’s knowledge and belief.

Signature of Petitioner

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20__.

Notary Public for Idaho
Residing at: _____
My Commission Expires: _____