



Court Assistance Office

Forms Packet Instructions:

Minor Guardianship: Step 1

PETITION FILING FEE \$216

Court Assistance Office

Available Monday-Friday

Email: d6cao@bannock.idcourts.gov

Phone: 208-236-7067

Text: 208-538-4816

<https://isc.idaho.gov/district-6/family-court/court-assistance-office>

☒ Complete All of the included Step 1 forms:

- Family Law Case Information Sheet
- Petition for Appointment of Guardianship of a Minor
- Acceptance of Appointment of Guardian
- Consent to Appointment of Guardian
- Proposed Letters of Temporary Guardianship
- Proposed Order Appointment Temporary Guardianship
- Proposed Order Regarding Appointment of Guardian ad Litem
- Nomination by a Minor (only fill out if minor is 14 years or older)

☒ Email the forms back for review: d6cao@bannock.idcourts.gov

- If you printed your forms and need to scan them back to me, they must be in PDF format. We cannot accept phone images. **If you don't have access to a scanner, please visit the Bannock County Court Assistance Website for a list of scanning resources**

Please make note, each guardianship is unique and next steps may vary. Please reach out to CAO for next steps.

CAO Online Form Review

COVER SHEET



Please select the type of form review you are submitting:

- | | |
|--|--|
| ☐ Divorce NO Minor Children | ☐ Mandatory Child Support Disclosures |
| ☐ Divorce WITH Minor Children | ☐ Eviction |
| ☐ Custody, Paternity, & Child Support | ☐ Forcible Detainer |
| ☐ Modification of Custody & Child Support | ☐ Name Change- ADULT |
| ☐ Family Case Response | ☐ Name Change- MINOR |
| ☐ Family Case Response & Counterclaim | ☐ Civil Case Answer |
| | ☐ _____ |
| | ☐ _____ |

I understand these forms will be scanned into electronic format and emailed to the Bannock County Court Assistance Officer who will perform a form review and aim to respond to me directly within 1-2 business days.

Please Note! You are your own Case Manager. The CAO Officer will assist you as You Direct. The CAO office processes MANY cases each day. We DO NOT track the status of your case. Thank you for working with us. NOTICE: The Court Assistance Officer does not represent parties or any of their interests. While confidentiality practices concerning anything discussed are utilized, it is not guaranteed. The Court Assistance Officer may provide services to the opposing party/ies (other person/s involved in the same case). The Court Assistance Officer can only give information; not interpretations of laws or strategies for any case. If seeking representation, a confidential consultation, or legal advice, you will have to consult with a private attorney.

IMPORTANT NOTICE REGARDING EXHIBITS AND EXPLICIT MATERIALS

The Court Assistance Office cannot receive, review, or transmit exhibits, photographs, videos, recordings, screenshots, or other materials containing nudity, sexual content, graphic images, or other explicit content by email. If your filing includes any exhibit or attachment that may contain explicit material, you must bring the documents to the courthouse for in-person review and filing. Court Assistance Officers may review the required court forms but will not accept explicit exhibits electronically. Any filing containing explicit materials may be required to be filed conventionally pursuant to Rule 5(f) of the Idaho Rules for Electronic Filing and Service.

NAME

DATE

EMAIL

PHONE

How to File for Guardianship of a Minor Child

These forms are for Guardianship of a Minor Child when both parents agree to the Guardianship. If a parent does not agree, you should talk to an attorney.

① **Get court forms:** (The name of the court form is found at the bottom of each form.)

To Start the Case

- ☐ *Family Law Case Information Sheet for De Facto Custodian, Adoption and Minor Guardianship Cases*
- ☐ *Petition for Appointment of Guardian of a Minor*
- ☐ *Notice of Guardianship Petition and Hearing*
- ☐ *Acceptance of Appointment by Guardian*
- ☐ *Consent to Appointment of Guardian*
- ☐ *Waiver of Notice* (optional)
- ☐ *Nomination by Minor* (if child is 14 or older)

To Finalize General Guardianship

- ☐ *Order Re Appointment of Attorney or Guardian ad Litem*
- ☐ *Judgment Appointing Guardian of Minor*
- ☐ *Letters of Guardianship*
- ☐ *Affidavit of Service*

For Temporary Guardianship

File all forms listed above and the following:

- ☐ *Order Appointing Temporary Guardian*
- ☐ *Letter of Temporary Guardianship*
- ☐ *Notice of Temporary Guardianship*

You can get these court forms for **FREE** at www.courtselfhelp.idaho.gov.

② **Fill out heading on all court forms:**

Using black ink, fill out the heading on all forms with your information, see the following example. (Ask the court if you do not know your district and county information.)

John Doe Full Name of Party Filing this Document	SAMPLE FORM
12345 Main St. Mailing Address (Street or Post Office Box)	
Anycity, ID 83111 City, State, and Zip Code	
111-111-1111 Telephone Number	
myemail@address.com Email Address (if any)	
IN THE DISTRICT COURT OF THE <u>FOURTH</u> JUDICIAL DISTRICT OF THE STATE OF IDAHO, IN AND FOR THE COUNTY OF <u>ADA</u>	
In the Matter of Johnny Doe DOB: <u>01/01/2001</u> a Minor.	Case No.: _____

③ **Fill out and sign court forms:**

Form 1. Family Law Case Information Sheet for De Facto Custodian, Adoption and Minor Guardianship Cases: Fill out the form as completely as possible with the information requested. This form will be kept confidential.

Form 2. Petition for Appointment of Guardian of a Minor: You are the Petitioner. Fill out Pages 1-4 completely and sign and date where shown.

Form 3. Notice of Guardianship Petition and Hearing: Sign and date. Leave the hearing date blank unless you have been given a court date by the clerk.

On page 2, fill out information for all persons that require notice. Notice must be given to the minor child if he/she is at least 14 years old, any person who has had principal care and custody of the child during the 60 days prior to the date of the petition, and any living parent of the child. Print your name and sign at the bottom.

Form 4. Acceptance of Appointment by Guardian: Sign and date to show you want to be appointed as guardian and accept the responsibilities of guardian.

④ Need signatures from minor's parents:

Form 5. Consent to Appointment of Guardian:

Parents can sign this form to show they agree to the guardianship. The parent should check the appropriate boxes then sign and date the form. Each living parent must complete a separate form.

Form 6. Waiver of Notice: Any living parent or a person who has had principal care and custody of the minor during the 60 days prior to the petition can choose not to receive notice of the guardianship process and all court documents. They can waive their right to receive notice and documents by signing this form.

⑤ Have the minor sign, (if age 14 or older):

Form 7. Nomination by Minor: If the child is 14 or older, the child must sign and date the form.

⑥ Complete the Forms the Judge will sign:

Fill out the heading of the following forms, but do not sign these forms:

- ☐ *Order Re Appointment of Attorney or Guardian ad Litem*
- ☐ *Judgment Appointing Guardian of Minor*
- ☐ *Letters of Guardianship.*

If you have requested temporary guardianship also fill out the heading on these forms:

- ☐ *Order Appointing Temporary Guardian*
- ☐ *Letter of Temporary Guardianship*
- ☐ *Notice of Temporary Guardianship.*

Note: This Notice must be sent to all interested persons within 72 hours of the appointment of a temporary guardian.

⑦ Make copies of all court forms:

Make copies of ALL forms. You will file the original with the court, make a copy for your records, and a copy for anyone else who must also receive notice.

⑧ File the guardianship & serve notice:

Take the original and all copies to the courthouse. Pay the filing fee of \$216. If you cannot afford the filing fee, you can fill out a *Motion and Affidavit for a Fee Waiver* at the courthouse.

After filing, serve the documents by personal delivery OR mail by certified, registered or ordinary first class mail a copy of your court forms at least 14 days before the hearing date to all persons that require notice. Fill out and sign the *Affidavit of Service*, then take it to the courthouse.

*You do not need to serve notice on a person if they signed the *Waiver of Notice*.

⑨ Attend the guardian training:

Once you pay the \$25 guardian training fee, or your fees are waived, the court issues an *Order to Complete Training* with program access information. Complete the training and file the *Certificate(s) of Completion* with the court. A hearing on your petition may not be set until the *Certificate(s)* is/are filed. For more information visit <https://isc.idaho.gov/guardianship/guardianship-conservatorship>.

⑩ FINAL STEP: Attend the court hearing:

At the court hearing, the judge will call the case name and case number. You should step forward and answer any questions that the judge may have for you. The judge will tell you if the guardianship was granted, and if so, sign the order.

ONGOING REPORTING REQUIREMENTS

Once a guardianship is granted the Guardian will be responsible for providing the court with reports on a yearly basis. Visit the Court Assistance website for those forms at: www.courtselfhelp.idaho.gov. For more information or further assistance, contact your local Court Assistance office.

Talk to an attorney. These instructions are not a substitute for legal advice. The laws and court rules are complex and following these instructions will not guarantee you a favorable result. We always recommend you talk with an attorney before filing paperwork.

Family Law Case Information Sheet For De Facto Custodian, Adoption and Minor Guardianship Cases

Case Number (Clerk fills in case #):

Exempt from Public Disclosure

Fill out this form to start a new case or intervene in a Family Law case.
The information you give us is private.

1. Describe your case: ☐ De Facto Custodian ☐ Minor Guardianship ☐ Adoption
☐ Other (please list) _____

Case Number (Clerk will fill in case #)

2. Information about Petitioner/Guardian/De Facto Custodian

Full Legal Name: _____
First Middle Last

Any other names used: _____

Address: _____
Street City State Zip

Phone numbers: _____
Home Work Cell

Social Security Number: _____ Date of Birth: _____ Sex: ☐ Male ☐ Female

Is English your first language? ☐ Yes ☐ No If no, what language? _____

Do you speak, read and write English? ☐ Yes ☐ No

Do you need an interpreter? ☐ Yes ☐ No

3. List all other people in your home.

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

4. Information about the biological or legal Mother of the Child(ren)

Full Legal Name: _____
First Middle Last

Any other names used: _____

Address: _____
Street City State Zip

Phone numbers: _____
Home Work Cell

Social Security Number: _____ Date of Birth: _____

5. Information about the biological or legal Father of the Child(ren)

Full Legal Name: _____
First Middle Last

Any other names used: _____

Address: _____
Street City State Zip

Phone numbers: _____
Home Work Cell

Social Security Number: _____ Date of Birth: _____

6. Information about each minor child that you are seeking guardianship or adoption for:

First Child's Name: _____ DOB: _____ SSN: _____ With whom has the child lived with (check all that apply) ☐ Petitioner ☐ Mother ☐ Father ☐ Other: _____ <i>List all people the child has lived with in the last year</i>
Second Child's Name: _____ DOB: _____ SSN: _____ With whom has the child lived with (check all that apply) ☐ Petitioner ☐ Mother ☐ Father ☐ Other: _____ <i>List all people the child has lived with in the last year</i>
Third Child's Name: _____ DOB: _____ SSN: _____ With whom has the child lived with (check all that apply) ☐ Petitioner ☐ Mother ☐ Father ☐ Other: _____ <i>List all people the child has lived with in the last year</i>
Fourth Child's Name: _____ DOB: _____ SSN: _____ With whom has the child lived with (check all that apply) ☐ Petitioner ☐ Mother ☐ Father ☐ Other: _____ <i>List all people the child has lived with in the last year</i>

If you are seeking custody of more than four children, please provide their information on the back of this form.

7. Are you aware of any other person besides the natural parents who claims to be a guardian or legal custodian of any of the minor child(ren) listed on this form (including attachments)? ☐ YES ☐ NO If yes, what is the child's name and what is the relationship to the child?

Child's name	Relationship of person to child (for example, paternal grandmother, aunt, uncle, etc.)
--------------	--

8. Other cases involving the children named on this form.

List any child support, protective order, domestic violence or child abuse cases, custody, adoption, or guardianship orders for the petitioner(s) and any child listed on this form:

Case Number	Date of Order (or date requested)	County / State	For which children?	Type of case
1.				☐ Support ☐ Custody ☐ Adoption ☐ Paternity ☐ Guardianship
2.				☐ Support ☐ Custody ☐ Adoption ☐ Paternity ☐ Guardianship
3.				☐ Support ☐ Custody ☐ Adoption ☐ Paternity ☐ Guardianship
4.				☐ Support ☐ Custody ☐ Adoption ☐ Paternity ☐ Guardianship

9. Any cases involving violence or abuse:

List any protective order, domestic violence or child abuse case involving any adult or child listed on this form:

Case Number	Who was the order against?	Who did the order protect?	Date of Order (or date requested)	County/State	Type of case
1.					☐ Domestic Violence ☐ Child Abuse ☐ No Contact Order ☐ Other
2.					☐ Domestic Violence ☐ Child Abuse ☐ No Contact Order ☐ Other
3.					☐ Domestic Violence ☐ Child Abuse ☐ No Contact Order ☐ Other
4.					☐ Domestic Violence ☐ Child Abuse ☐ No Contact Order ☐ Other

If there are other cases not listed on this sheet please continue on the back of page 3.

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 APPOINTMENT OF
GUARDIAN OF A MINOR

Fee Category:

Filing Fee:

Petitioner, (name) _____, states and represents:

1. I am:

- ☐ a relative of the minor, **or**
☐ a court appointed de facto custodian, **or**
☐ the primary caregiver and financial supporter of the minor and the minor has lived with me for at least six months if the minor is under three (3) years of age, or for at least one year if the minor is age three (3) or over, **or**
☐ interested in the welfare of the minor based on the following relationship: _____

2. The minor is age _____, born on _____.

3. Venue is proper because the minor resides or is present in this county.

4. The minor is unmarried and:

- ☐ all parental custody rights have been terminated by court order dated _____,

or

- ☐ the minor has been neglected, abused or abandoned, **or**
- ☐ the minor's parents are unable to provide a stable home environment.

5. No testamentary appointment of a guardian has been made.

6. Age of the minor:

- ☐ the minor is under age 14 ; **or**
- ☐ the minor is 14 years of age or older and nominates petitioner; **or**
- ☐ the minor is age 14 or older and has failed to nominate a guardian.

7. The appointment of petitioner is in the best interests of the minor because:

8. Notice of the time and place of the hearing on this petition is required to be given pursuant to I.C. §15-5-207(2) to the following:

- ☐ the minor, if age 14 or older;
- ☐ the person who has had the principal care and custody of the minor during the last 60 days:

(Name of Person) _____,

(Address) _____,

(Relationship to Minor) _____,

- ☐ a person appointed de facto custodian or any person who has been the primary caregiver and financial supporter of the minor and with whom the minor has resided for at least six months if the minor is under three (3) years of age, or for at least one year if the minor is age three (3) or over:

(Name of Person) _____,

(Address) _____,

- ☐ Mother of minor, if living

(Mother's Name) _____,

(Address) _____,

_____,
☐ Father of minor, if living

(Father's Name) _____,

(Address) _____,
_____.

9. Petitioner asks the court to find that:

☐ appointment of an attorney to represent the minor or a guardian ad litem for the minor is not necessary to serve the minor's best interests because: _____

_____;

☐ appointment of an attorney or guardian ad litem is not necessary because the Idaho Department of Health and Welfare has legal custody of the minor; **or**

☐ _____ be appointed as the ☐ attorney
or ☐ guardian ad litem to represent the minor.

10. **Temporary Guardianship.**

☐ Petitioner asks the court to appoint the petitioner as a temporary guardian of the minor because a petition for guardianship has been filed, but a guardian has not yet been appointed. No other person appears to have the ability, authority, and willingness to act.

The Appointment is necessary to protect the minor's health, safety, or welfare until the petition can be heard because _____

_____.

And

☐ I request a hearing.

Or

☐ I request temporary guardianship without initial notice and hearing because I have physical custody of the minor and the minor may be substantially and immediately harmed

before notice can be given because: _____

_____.

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 find:
☐ appointment of an attorney or guardian ad litem to represent the minor is not necessary to serve the best interests of the minor; **or**
☐ appointment of an attorney or guardian ad litem to represent the minor is not necessary because the Idaho Department of Health and Welfare has legal custody of the minor; **or**
☐ appoint _____ as the ☐ attorney
or ☐ guardian ad litem for the minor.
4. The Court appoint petitioner as guardian of the minor.
5. Letters of Guardianship be issued.
6. ☐ **Temporary Guardianship.** The Court appoint petitioner as temporary guardian of the minor until petitioner is appointed as guardian, or for a period of six months, whichever occurs first.

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

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.: _____

ACCEPTANCE OF APPOINTMENT BY
GUARDIAN

I will perform the duties and discharge the responsibilities of guardian for the above named minor. I submit personally to the jurisdiction of this Court in any proceeding relating to the minor or his/her estate that may be instituted by an interested person, as defined by the Idaho Uniform Probate Code.

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

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.: _____

CONSENT TO APPOINTMENT
OF GUARDIAN

1. I am the ☐ mother ☐ father of the minor and consent to the appointment of a guardian for the minor.

2. I ☐ renounce the right to nominate a guardian. **or**

☐ nominate the following person to serve as guardian:

(Name of Person) _____

(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

Mailing Address

City, State, Zip

Telephone Number

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.: _____

LETTERS OF TEMPORARY
GUARDIANSHIP

_____ was duly appointed and qualified as
temporary guardian of the above named minor on the _____ day of _____,
20 _____.

These letters are issued to evidence the appointment, qualification, and authority of the said
temporary guardian. The temporary guardianship is a general guardianship.

☐ The temporary guardian was appointed by will, **or**

☐ The temporary guardian was appointed by court order.

This appointment as temporary guardian will terminate upon this Court's appointment of a
qualified person as guardian, or six months from the above appointment date, whichever occurs
first.

DATE: _____

MAGISTRATE JUDGE

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.: _____

ORDER APPOINTING
TEMPORARY GUARDIAN

Having reviewed the Petition for Appointment of Guardian of a Minor, the Court finds that all requirements under the Idaho Uniform Probate Code for the appointment of a temporary guardian have been met.

IT IS ORDERED THAT:

1. _____ is appointed temporary guardian for the minor.
2. Upon acceptance, Letters of Temporary Guardianship shall be issued to the temporary guardian.
3. The temporary guardian shall have the care and custody of the minor.
4. The powers of the temporary guardian shall be limited to those necessary to protect the immediate health, safety, or welfare of the minor.
5. The appointment of the temporary guardian will terminate upon the Court's appointment of a guardian, or six months from the date of appointment, whichever occurs first.

DATE: _____

MAGISTRATE JUDGE

CLERK'S CERTIFICATE OF SERVICE

I certify that I served a copy of this Order to: (name all parties in the case other than 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)

☐

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: _____

Date: _____

Deputy Clerk

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.: _____

ORDER RE: APPOINTMENT OF
ATTORNEY OR GUARDIAN AD LITEM

The Court in the above titled case, pursuant to Idaho Code 15-5-207(5), finds:

☐ 1. Appointment of an attorney or guardian ad litem for the minor is not necessary to serve the minor's best interests because _____

_____;

or

☐ 2. Appointment of an attorney or a guardian ad litem is not necessary because the Idaho Department of Health and Welfare has legal custody of the minor; **or**

☐ 3. _____ is appointed to serve as:

☐ attorney for the minor; **or**

☐ guardian ad litem for the minor.

The appointment shall continue until the Court orders otherwise. The appointee's responsibilities and authority are as follows:

a. Upon the presentation of a copy of this Order, and except to the extent prohibited or regulated by federal law, any person or agency, including, without limitation, any hospital,

school, organization, the Department of Health and Welfare, doctor, nurse, or other health care provider, psychologist, psychiatrist, police department, or mental health clinic shall permit the appointee to inspect and copy pertinent records necessary for this proceeding relating to the minor and his/her parents without consent of the minor or parents.

b. The appointee shall maintain all information regarding the case confidential and shall not disclose except to the Court or other parties to the case.

c. All parties to this proceeding shall promptly notify the appointee of all hearings, staffing, investigation, depositions, and significant changes of circumstances of the minor.

d. The appointee shall act as an advocate for the minor and is charged with the general representation of the minor. The appointee shall be entitled to confer with the minor and the minor's immediate family including, but not limited to, parents, siblings, and next of kin.

e. The Court orders that reasonable costs, fees, and disbursements incurred by him/her in this case shall be paid by the Petitioner(s). Any order for payment of fees under this order is enforceable by civil judgment and execution on that judgment.

DATE: _____

MAGISTRATE JUDGE

CLERK'S CERTIFICATE OF SERVICE

I certify that I served a copy of this Order to: (name all parties in the case other than 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)

☐

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:_____

Date: _____

Deputy Clerk

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.: _____

NOMINATION BY A MINOR

1. I am the above named minor.
2. I am fourteen (14) years of age or older.
3. I nominate _____ as my 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

Signature

STOP

WOULD YOU LIKE YOUR FORMS
REVIEWED BY THE COURT
ASSISTANT OFFICER?

Scan & Email your forms to
d6cao@bannock.idcourts.gov

You may also call 208-236-7067 or
text 208-538-4816 and request an in-
person form review

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 APPOINTMENT**

1. On (Date) _____, I served copies of the
Petition for Appointment of Guardian of a Minor,

and: (Check all additional documents served)

☐ Sworn Consent to Appointment of Guardian;

☐ Nomination by a Minor;

☐ Waiver of Notice;

☐ Notice of Guardianship Petition and Hearing;

☐ Other (specify) _____

to: (Name) _____ at the following address:

by: ☐ Certified Mail ☐ Registered Mail ☐ First Class Mail ☐ Personal delivery

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

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 GUARDIANSHIP PETITION
AND HEARING

1. On _____, 20_____, (name) _____
_____ filed a Petition asking to be appointed
guardian of the above minor.
2. 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)

(Name)

(Street or Post Office Address)

(City, State, and Zip Code)

☐ By Mail

☐ By fax to (number)_____

☐ By personal delivery

(Name)

(Street or Post Office Address)

(City, State, and Zip Code)

☐ By Mail

☐ By fax to (number)_____

☐ By personal delivery

(Name)

(Street or Post Office Address)

(City, State, and Zip Code)

☐ By Mail

☐ By fax to (number)_____

☐ By personal delivery

(Name)

(Street or Post Office Address)

(City, State, and Zip Code)

☐ By Mail

☐ By fax to (number)_____

☐ By personal delivery

(Name)

(Street or Post Office Address)

(City, State, and Zip Code)

☐ By Mail

☐ By fax to (number)_____

☐ By personal delivery

Date: _____

Typed/Printed Name

Signature

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.: _____

LETTERS OF GUARDIANSHIP

1. _____ was duly appointed and qualified as
guardian of the minor on the _____ day of _____, 20 _____.

2. These letters are issued to evidence the appointment and authority of the guardian. The
guardianship is a general guardianship.

3. ☐ The guardian was appointed by will. **or**
☐ The guardian was appointed by court order.

DATE: _____

MAGISTRATE JUDGE

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 APPOINTING
GUARDIAN OF A MINOR

JUDGMENT IS ENTERED AS FOLLOWS:

1. _____ is appointed guardian of
_____. The guardianship is a general guardianship.
2. Upon acceptance by the guardian, Letters of Guardianship shall be issued to the guardian.
3. Pursuant to Rule 54.2 of the Idaho Court Administrative Rules, the guardian shall file a report using an Idaho Supreme Court approved form within 30 days following the one year anniversary of the appointment and:
 - a. At least annually after that;
 - b. When the court orders additional reports to be filed;
 - c. When the guardian resigns or is removed; and
 - d. When the guardianship is terminated, unless waived by the Court.
4. Copies of the report shall be provided to all persons listed on the Clerk's Certificate of Service.
5. Failure to comply with this Judgment may result in a finding of contempt and sanctions.

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 other than 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)

- ☐ 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: _____

Date: _____

Deputy Clerk

STOP

WOULD YOU LIKE YOUR FORMS
REVIEWED BY THE COURT
ASSISTANT OFFICER?

Scan & Email your forms to
d6cao@bannock.idcourts.gov

You may also call 208-236-7067 or
text 208-538-4816 and request an in-
person form review