
Full Name of Party Filing this Document

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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:

A Minor Child Under the Age of 16 Years.

Case No. _____

STATEMENT OF EXAMINING PHYSICIAN

I have examined (*full legal name*) _____,
a minor child who is under the age of sixteen (16) years, and it is my opinion that he/she [] is
[] is not sufficiently developed mentally and physically to assume full marital and parental
duties.

DATED: _____

Signature of Physician

Printed or Typed Name of Physician