

\_\_\_\_\_  
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: \_\_\_\_\_