
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.: _____

AFFIDAVIT OF SERVICE OF
PETITION TO TERMINATE
GUARDIANSHIP

STATE OF _____)
: ss.
County of _____)

I swear under oath:

1. I am a resident of _____ County, State of _____, over the age of eighteen (18) years, and not a party to the above-entitled action.

2. On the _____ day of _____, 20____, I personally served copies of the Petition to Terminate Guardianship of Minor and Notice of Petition to Terminate Guardianship and Hearing upon _____, in the County of _____, State of _____ at (address) _____.

Affiant's Signature

Typed/printed name of Affiant

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

Notary Public for _____
Residing at _____
Commission Expires: _____