
Full Name of Party Submitting 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.: _____

ORDER TERMINATING
GUARDIANSHIP

UPON CONSIDERATION of the Petition for Termination of Guardianship of a Minor filed by _____, the Court determines and finds, upon hearing, that the allegations and statements contained in said petition are true, all required notices have been given or waived, the guardianship has been administered according to the laws of this State and the orders of this Court, and should be closed.

1. THEREFORE, IT IS HEREBY ORDERED that the Guardian is hereby discharged and the administration of the guardianship is closed.

DATE: _____

MAGISTRATE

CLERK'S CERTIFICATE OF SERVICE

I certify that a copy was served: (name all parties or their attorneys in the case, including yourself)

To:

(Name)

By Hand-delivery

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(City, State and Zip)

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By Hand-delivery

(Address)

By Mailing

By Fax

(City, State and Zip)

Date: _____

Deputy Clerk of the District Court