
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 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.

THEREFORE, IT IS HEREBY ORDERED THAT:

1. _____ is hereby appointed temporary guardian for _____.
2. Upon qualification and acceptance, Letters of Temporary Guardianship shall be issued to said guardian.
3. The appointment of _____ as a temporary guardian will terminate upon this Court's appointment of a qualified person as guardian, or six months from the date hereof, whichever occurs first.

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

(Address)

By Mailing

By Fax

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By Hand-delivery

(Address)

By Mailing

By Fax

(City, State and Zip)

To:

(Name)

By Hand-delivery

(Address)

By Mailing

By Fax

(City, State and Zip)

Date: _____

Deputy Clerk of the District Court