
Full Name of Party Filing this Document

Mailing Address (Street or Post Office Box)

City, State, and Zip Code

Telephone Number

Email Address (if any)

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
FOR APPOINTMENT**

1. On (Date) _____, I served copies of the
Petition for Appointment of Guardian of a Minor,

and: (Check all additional documents served)

- ☐ Sworn Consent to Appointment of Guardian;
☐ Nomination by a Minor;
☐ Waiver of Notice;
☐ Notice of Guardianship Petition and Hearing;
☐ Other (specify) _____

to: (Name) _____ at the following address:

by: ☐ Certified Mail ☐ Registered Mail ☐ First Class Mail ☐ Personal delivery

CERTIFICATION UNDER PENALTY OF PERJURY

I certify under penalty of perjury pursuant to the law of the State of Idaho that the

foregoing is true and correct.

Date: _____

Signature

Typed/Printed Name