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.: _____ NOTICE OF TEMPORARY GUARDIANSHIP OF A MINOR

1. On _____, 20 _____, (name) _____ _____ was appointed temporary guardian of the above named minor.
2. You have the right to request a hearing on this matter. You may use form Request for Hearing (CAO GCM 4-8) to request a hearing with the court.

Date: _____

_____
Signature

CERTIFICATE OF SERVICE

I certify that I served a copy of this Order to: (name all parties in the case other than yourself)

____
(Name)

____
(Street or Post Office Address)

____
(City, State, and Zip Code)

☐ By United States mail
☐ By personal delivery
☐ By fax to: (number)____________________
☐ By email to:__________________________

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(Name)

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(Street or Post Office Address)

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(City, State, and Zip Code)

☐ By United States mail
☐ By personal delivery
☐ By fax to: (number)____________________
☐ By email to:__________________________

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(Name)

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☐ By email to:__________________________

Date: ______________________________

____
Signature