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.: _____

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.

IT IS ORDERED THAT:

1. _____ is appointed temporary guardian for the minor.
2. Upon acceptance, Letters of Temporary Guardianship shall be issued to the temporary guardian.
3. The temporary guardian shall have the care and custody of the minor.
4. The powers of the temporary guardian shall be limited to those necessary to protect the immediate health, safety, or welfare of the minor.
5. The appointment of the temporary guardian will terminate upon the Court's appointment of a guardian, or six months from the date of appointment, whichever occurs first.

DATE: _____

_____
MAGISTRATE JUDGE

CLERK'S CERTIFICATE OF SERVICE

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

______________________ (Name)	☐ By United States mail
______________________ (Street or Post Office Address)	☐ By personal delivery
______________________ (City, State, and Zip Code)	☐ By fax to: (number)__________
	☐ By email to:__________
______________________ (Name)	☐ By United States mail
______________________ (Street or Post Office Address)	☐ By personal delivery
______________________ (City, State, and Zip Code)	☐ By fax to: (number)__________
	☐ By email to:__________
______________________ (Name)	☐ By United States mail
______________________ (Street or Post Office Address)	☐ By personal delivery
______________________ (City, State, and Zip Code)	☐ By fax to: (number)__________
	☐ By email to:__________
______________________ (Name)	☐ By United States mail
______________________ (Street or Post Office Address)	☐ By personal delivery
______________________ (City, State, and Zip Code)	☐ By fax to: (number)__________
	☐ By email to:__________
______________________ (Name)	☐ By United States mail
______________________ (Street or Post Office Address)	☐ By personal delivery
______________________ (City, State, and Zip Code)	☐ By fax to: (number)__________
	☐ By email to:__________

Date: ______________________

____
Deputy Clerk