
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.: _____

LETTERS OF TEMPORARY
GUARDIANSHIP

_____ was duly appointed and qualified as
temporary guardian of the above named minor on the ____ day of _____,
20____.

These letters are issued to evidence the appointment, qualification, and authority of the said
temporary guardian.

[] The temporary guardianship is a general guardianship.

[] The temporary guardianship is subject to the following limitations:

This appointment as temporary guardian will terminate upon this Court's appointment of a
qualified person as guardian, or six months from the above appointment date, whichever occurs
first.

DATE: _____

MAGISTRATE