

\_\_\_\_\_  
Full Name of Party Filing 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

Case No.: \_\_\_\_\_

\_\_\_\_\_,  
DOB: \_\_\_\_\_,

AFFIDAVIT OF SERVICE OF  
PETITION FOR APPOINTMENT

a Minor.

STATE OF \_\_\_\_\_ )  
: ss.  
County of \_\_\_\_\_ )

I swear under oath:

1. I am a resident of \_\_\_\_\_ County, State of \_\_\_\_\_, over the age of eighteen (18) years, and not a party to the above-entitled action.

2. On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, I personally served copies of the Petition for Appointment of Guardian of Minor and Notice of Petition and Hearing upon \_\_\_\_\_, in the County of \_\_\_\_\_, State of \_\_\_\_\_ at (address) \_\_\_\_\_.

\_\_\_\_\_  
Affiant's Signature

\_\_\_\_\_  
Typed/printed name of Affiant

SUBSCRIBED AND SWORN TO before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public for \_\_\_\_\_  
Residing at \_\_\_\_\_  
Commission Expires: \_\_\_\_\_