
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

_____,
DOB: _____
a Minor.

Case No.: _____

SWORN ACCEPTANCE OF
APPOINTMENT BY GUARDIAN

STATE OF IDAHO)
County of _____) :ss.

I swear under oath: I agree to perform the duties and discharge the trust of the office of guardian of the above named minor. I submit personally to the jurisdiction of this Court in any proceeding relating to such person or his/her estate that may be instituted by an interested person, as defined by the Idaho Uniform Probate Code.

DATE: _____

Signature of guardian

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20____.

Notary Public for Idaho
Residing at: _____
My Commission Expires: _____