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.: RESPONSE TOPETITION FOR APPOINTMENT OFGUARDIAN OF A MINORFee Category:Filing Fee: |

Respondent, (*your name*) , states and represents:

1. Respondent admits the following allegations: (*write the paragraph numbers from the Complaint you agree with*)
2. Respondent denies the following allegations: (*write the paragraph numbers from the Complaint you disagree with*)
3. Respondent is without sufficient knowledge to admit or deny the following allegations: (*write the paragraph numbers you are unsure about*)
4. Respondent further states that the appointment of the Petitioner as Guardian **is/is not** (circle one) in the best interests of the minor because:

WHEREFORE, Respondent, respectfully requests that:

1. The Court deny the relief requested in the Complaint; and
2. Any other relief as the Court finds to be just and proper.

**CERTIFICATION OF PENALTY UNDER PERJURY**

I certify under penalty of perjury pursuant to the law of the State of Idaho that the foregoing is true and correct.

Date:

Typed/Printed Name Respondent’s Signature