Full Name of Party Filing Document

Mailing Address (Street or Post Office Box)

City, State and Zip Code

Telephone

Email Address (if any)

IN THE DISTRICT COURT FOR THE JUDICIAL DISTRICT

FOR THE STATE OF IDAHO, IN AND FOR THE COUNTY OF

|  |  |
| --- | --- |
| IN THE MATTER OF: ,A Minor Child Under the Age of 16 Years. | Case No. STATEMENT OF EXAMINING PHYSICIAN |

I have examined (full legal name) , a minor child who is under the age of sixteen (16) years, and it is my opinion that he/she ⬜ is ⬜ is not sufficiently developed mentally and physically to assume full marital and parental duties.

Date:

##  Signature of Physician

##  Typed/printed name