
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