

\_\_\_\_\_  
Full name of party submitting 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:

\_\_\_\_\_  
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.

DATED: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Physician*

\_\_\_\_\_  
*Printed or Typed Name of Physician*