STATE OF WYOMING)   IN THE DISTRICT COURT
) SS
COUNTY OF _____)   ____ JUDICIAL DISTRICT

IN THE MATTER OF THE   )   Probate No._____
GUARDIANSHIP OF   )
)
_____   )
)
_____   )
)
_____,   )
    Minor child(ren).   )

GUARDIAN'S REPORT

Comes now, _____, the duly appointed Guardian(s) in the above-entitled matter, and hereby states that the following is a true and complete report of this Guardianship during the period shown.

1. The Guardian was appointed by Order of this Court entered on _____, 20____.

2. This Guardian's Report covers the period from _____, 20____ to _____, 20____.

3. ☐ This is the Guardian's initial report to the Court;

   OR

   ☐ The last report in this matter was filed on _____, 20_____.

4. The Ward's principal address is _____.

5. The Ward's present mental and physical condition, including level of disability or functional incapacity is:

   _____
   _____
   _____
   _____

6. The Ward's treatment and care consists of:

_____

_____

_____

_____

7. The Ward's activities are (include school enrollment if appropriate):

_____

_____

_____

_____

8. Since the last report, the Guardian has taken the following actions on behalf of the Ward:

_____

_____

_____

_____

9. The Guardianship should continue because:

_____

_____

_____

_____

DATED this _____ day of _____, 20_____.

_____

Guardian's Signature

_____

Guardian's Printed Name

Guardian's Address/Telephone:

_____

_____

_____

---Fill in, if applicable---

Pursuant to Rule 102(a)(1)(B) of the Wyoming Uniform Rules of District Court, the following attorney has participated in the preparation of this pleading but said attorney is NOT deemed to have entered an appearance in this matter:

_____

Attorney's Name

Attorney's Address/Telephone:

_____

_____

_____

_____

CERTIFICATE OF SERVICE

I certify that on _____ (date) the original of this document was filed with the Clerk of District Court; and, a true and accurate copy of this document was served on each of the following:

Other Party/Other Party's Attorney's Name and Address	Method of Service
	☐ Hand Delivery ☐ Faxed to this number:_____ ☐ Placed in United States Mail, postage pre-paid
	☐ Hand Delivery ☐ Faxed to this number:_____ ☐ Placed in United States Mail, postage pre-paid
	☐ Hand Delivery ☐ Faxed to this number:_____ ☐ Placed in United States Mail, postage pre-paid
	☐ Hand Delivery ☐ Faxed to this number:_____ ☐ Placed in United States Mail, postage pre-paid

_____
Your signature

_____
Print Name