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\_\_\_\_\_.

1. The Ward’s principal address is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
2. The Ward’s present mental and physical condition, including level of disability or functional incapacity is:

1. The Ward’s treatment and care consists of:

1. The Ward’s activities are (include school enrollment if appropriate):

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

1. 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 |
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Your signature

Print Name