STATE OF WYOMING ) IN THE DISTRICT COURT

) SS

COUNTY OF \_\_\_\_\_\_\_\_ ) \_\_\_\_ JUDICIAL DISTRICT

IN THE MATTER OF THE ) Probate No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GUARDIANSHIP OF )

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ )

)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ )

)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, )

Minor child(ren). )

**ANSWER TO MOTION TO TERMINATE GUARDIANSHIP (MINOR)**

The Respondent sets forth the following as the answers and responses to the *Motion to Terminate Guardianship* (“Motion”):

1. Respondent admits the allegations in Paragraphs

(list paragraphs that you believe are accurate)

of the *Motion*.

1. Respondent denies the allegations in Paragraphs

(list paragraphs that you believe are not accurate)

of the *Motion.*

1. Respondent does not have information sufficient to either admit or deny the allegations in Paragraphs of the *Motion*.

(list paragraphs)

**WHEREFORE**, Respondent respectfully requests that the court find in favor of Respondent, that the *Motion to Terminate Guardianship* be denied and for such other relief as the court deems proper.

DATED this \_\_\_\_\_ day of , 20 .

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature of Respondent)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Printed Name of Respondent)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Phone Number)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Address – to receive mailings)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(City, State, Zip)

**CERTIFICATE OF SERVICE**

I certify that on (date) the original of this ANSWER TO MOTION TO TERMINATE GUARDIANSHIP was filed with the Clerk of District Court; and, a true and accurate copy of this document was served on the other party by  Hand Delivery OR  Faxed to this number OR  by placing it in the United States mail, postage pre-paid, and addressed to the following:

(Print name and address of other party)

TO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Your signature

Print Name