

STATE OF WYOMING)
)SS
COUNTY OF _____)

IN THE DISTRICT COURT
____ JUDICIAL DISTRICT

IN THE MATTER OF THE)
GUARDIANSHIP OF)
_____)
_____)
_____)
_____)
_____)
_____)
Minor child(ren),)

Probate No. _____

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

Address

Telephone Number

-----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:

*Must be sent to every party to the case or their attorney if represented. Print the other party's or other party's attorney's **Name** and **Address**. You must indicate **Method of Service**.*

Other Party/Other Party's Attorney's Name and Address	Method of Service
	<input type="checkbox"/> Hand Delivery <input type="checkbox"/> Faxed to this number: _____ <input type="checkbox"/> Placed in United States Mail, postage pre-paid
	<input type="checkbox"/> Hand Delivery <input type="checkbox"/> Faxed to this number: _____ <input type="checkbox"/> Placed in United States Mail, postage pre-paid
	<input type="checkbox"/> Hand Delivery <input type="checkbox"/> Faxed to this number: _____ <input type="checkbox"/> Placed in United States Mail, postage pre-paid
	<input type="checkbox"/> Hand Delivery <input type="checkbox"/> Faxed to this number: _____ <input type="checkbox"/> Placed in United States Mail, postage pre-paid

Your signature

Print name