

**IN THE DISTRICT COURT OF THE EIGHTH JUDICIAL DISTRICT
OF THE STATE OF WYOMING IN AND FOR GOSHEN COUNTY**

IN THE MATTER OF THE)
GUARDIANSHIP OF)
)
_____,)

Docket No. _____

REPORT FOR PERIOD _____ TO _____

1. The last annual report in this matter was filed on _____.
2. The ward's physical condition, including any level of disability or functional incapacity is: _____
_____.
3. The ward's principal residence is _____
_____.
4. The ward's treatment and care consists of _____
_____.
5. The ward is/is not enrolled in school at _____.
6. The ward's activities are: _____
_____.
7. Since the last report the Guardian has taken these actions on behalf of the ward _____
_____.
8. The Guardian's address and telephone number _____
_____.

Dated _____.

Guardian

STATE OF WYOMING)
)ss
COUNTY OF GOSHEN)

I, _____, being first duly sworn, say that I am the Guardian in the foregoing Report, that I have read the same, know the contents thereof, and that the contents thereof are true and correct as I verily believe.

Dated _____.

Guardian

Subscribed and sworn to before me this ____ day of _____, ____
by _____.

Notary Public

My Commission Expires: _____