

STATE OF WYOMING )  
 )SS  
COUNTY OF \_\_\_\_\_ )

IN THE DISTRICT COURT  
\_\_\_\_\_ JUDICIAL DISTRICT

Probate No. \_\_\_\_\_

IN THE MATTER OF THE )  
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. The ward's age and date of birth: \_\_\_\_\_.
3.  This Guardian's Report covers the period from \_\_\_\_\_, 20\_\_ to \_\_\_\_\_, 20\_\_.

The last report in this matter was filed on \_\_\_\_\_, 20\_\_.

**OR**

- This is the Guardian's initial report to the Court;

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:

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

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

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8. The Guardianship should continue because:

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

\_\_\_\_\_  
Guardian's Signature

\_\_\_\_\_  
Guardian's Signature

\_\_\_\_\_  
Guardian's Printed Name

\_\_\_\_\_  
Guardian's Printed Name

\_\_\_\_\_  
Mailing Address / Physical Address

\_\_\_\_\_  
Mailing Address / Physical Address

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Telephone Number

