STATE OF WYOMING))SS		IN THE DISTRICT COURT						
COUNTY OF)		JUDICIAL DISTRICT						
IN THE MATTER OF THE GUARDIANSHIP OF)))	Probate No						
An Adult)							
SUMMONS								
To the Respondent:								
Home Address:								
Phone:								
Employer Name & Address:								

YOU ARE HEREBY SUMMONED and required to file with the Clerk and serve upon the Petitioner(s) an Answer to the *Petition for Appointment of Guardian for an Adult* which is herewith served upon you, within 20 days after service of this Summons upon you, exclusive of the day of service. (If service upon you is made outside of the state of Wyoming, you are required to file and serve your answer to the *Petition for Appointment of Guardian for an Adult* within 30 days after service of this Summons upon you, exclusive of the day of service). If you fail to do so, judgment by default will be taken against you for the relief demanded in the *Petition for Appointment of Guardian for an Adult*.

By:

Dated: _____, 20____.

(Seal of District Court)

Clerk of Court

Deputy Clerk

(Print Petitioner name and address)

SUMMONS AND RETURN (Adult Guardianship Petition)

This form is available for free at <u>www.legalhelpwy.org</u>. Last Revised 1/2014.

STOP: SHERIFF WILL FILL THIS OUT (Attach to Summons)

<u>RETURN</u>

STATE OF WY	TE OF WYOMING)									
COUNTY OF) ss)	TO BE SHERI				ING SH	HERIFF,	, UNDER	-
I, together with a matter, and t	copy of the Pe	tition for A		Guardi	an for	r an Ad	<i>lult</i> , file	ed in the	above er	ntitled
for Appointment			livering a copy							etition
			<i>i</i> , t0							
				Dru	She	riff				
						outy Sho	eriff			
Sheriff's fees:	Service,	\$; Return	\$						
	Mileage	\$; Total	\$						
		AF	FIDAVIT OF	SERV	ICE					<u> </u>
STATE OF COUNTY OF _			ss TO BE USE SHERIFF, U						I WYOM	IING
is over 18 years service of said delivering a cop <i>Adult</i> , to:	Summons in	ot a party to the County	y aforesaid on	g action the	n or ir	ntereste _ day c	d there	in, and	that s/he _, 20	made _, by
Name:										
Address:										
				By:						
Subscri	bed and sworn	to before n	ne this	da	y of _			_, 20_	<u> </u> .	
My Commission	n Expires:			Notari	al Off	ficer				
SUMMONS A	ND RETUR	N (Adult)	Guardianship	Petitio	n)			P	age 2 of	2
	This form is a	vailable for	free at <u>www.leg</u>	alhelpw	vy.org.	. Last Re	evised 1	/2014.		