STATE OF WYOMING ) IN THE DISTRICT COURT

) SS

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

IN THE MATTER OF THE ) Probate No.

GUARDIANSHIP OF )

)

, )

)

, )

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, )

Minor child(ren). )

**PETITION FOR APPOINTMENT OF GUARDIAN OF A MINOR**

Pursuant to Wyo. Stat. **§** 3-2-101 et. seq., **Petitioner,** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name), states and alleges as follows:

1. Petitioner requests the following type of guardianship:

Permanent Guardianship of a minor,

Temporary Guardianship of a minor,

Emergency Guardianship of a minor,

Standby Guardianship of a minor.

1. The Petitioner is:

a person interested in the welfare of the Minor(s).

**OR**

the Minor, who is 14 years of age or older. A petition for involuntary guardianship under W.S. 3-2-101  **has**  **has not** been served upon the Minor.

1. A juvenile court in the state of Wyoming  has  does not have jurisdiction over the Minor Child in any juvenile delinquency or other type of proceeding.
2. **Information about the Minor Child(ren) pursuant to Wyo. Stat. § 20-5-309:**

***Child #1***

Name: Current age: Date of Birth:

Street Address:

Mailing Address, if different:

City: State: Zip Code:

Home Phone #: Email Address:

Name and address of the person or facility having the care, custody or control of the Minor:

List the places where the minor child has lived in the last five (5) years and the names of the people they lived with at that time, if you know:

|  |  |  |  |
| --- | --- | --- | --- |
| Dates From/To | Town/City, State | Parent(s)/Caretaker | Current Address of Parent/Caretaker |
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|  |  |  |  |

Attach a separate sheet if necessary

***Child #2***

Name: Current age: Date of Birth:

Street Address:

Mailing Address, if different:

City: State: Zip Code:

Home Phone #: Email Address:

Name and address of the person or facility having the care, custody or control of the Minor:

List the places where the minor child has lived in the last five (5) years and the names of the people they lived with at that time, if you know:

|  |  |  |  |
| --- | --- | --- | --- |
| Dates From/To | Town/City, State | Parent(s)/Caretaker | Current Address of Parent/Caretaker |
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Attach a separate sheet if necessary

***Child #3***

Name: Current age: Date of Birth:

Street Address:

Mailing Address, if different:

City: State: Zip Code:

Home Phone #: Email Address:

Name and address of the person or facility having the care, custody or control of the Minor:

List the places where the minor child has lived in the last five (5) years and the names of the people they lived with at that time, if you know:

|  |  |  |  |
| --- | --- | --- | --- |
| Dates From/To | Town/City, State | Parent(s)/Caretaker | Current Address of Parent/Caretaker |
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Attach a separate sheet if necessary

1. **Information about the Petitioner:**

Name: Relationship to the Minor(s):

Street Address:

Mailing Address, if different:

City: State: Zip Code:

Home Phone #: Work Phone #:

Email Address:

1. **Information about the parents:**

**First Parent’s Name**:

Is 1st Parent deceased? Yes  No. Is identity of 1st Parent unknown?  Yes  No Street Address:

Mailing Address, if different:

City: State: Zip Code:

Home Phone #: Work Phone #:

Email Address:

**Second Parent’s Name**:

Is 2nd Parent deceased? Yes  No. Is identity of 2nd Parent unknown? Yes  No

Street Address:

Mailing Address, if different:

City: State: Zip Code:

Home Phone #: Work Phone #:

Email Address:

1. The child(ren) named in this *Petition for Appointment of Guardian of a Minor*

**have**  **have not** been in the State of Wyoming for a period of six (6) months or more immediately before filing this *Petition*. (If not, seek the advice of a lawyer before filing.)

1. The child(ren) named in this *Petition for Appointment of Guardian of a Minor*  **is**  **is not**  an Indian child as defined in the federal Indian Child Welfare Act, 25 U.S.C. §§ 1901 et seq.

**OR**

I do not know if the child(ren) named in this *Petition for Appointment of Guardian of a Minor* is an Indian child.

1. Petitioner provides the following information pursuant to Wyo. Stat. **§** 20-5-309:  I have not participated as a party or a witness or in any other capacity in any other court case concerning the custody of the minor child(ren) and no other court proceedings concerning the minor child(ren) (including proceedings for enforcement, domestic violence protective orders, guardianship, termination of parental rights or adoptions) are currently pending in the State of Wyoming or in any other state; **OR**

I have participated as a party or witness or in another capacity in another court proceeding concerning the custody, allocation of decision-making, or visitation/parenting time of the child(ren) listed in this *Petition for Appointment of Guardian of a Minor* as follows: (Please be specific and include the case number, court, state and nature of case, and date of child-custody determination, if any.)

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1. I know of no person or facility not a party to these proceedings who has physical custody of the minor child(ren) or who claims to have custody or visitation rights with respect to the minor child(ren);

**OR**

The following people are not parties in this matter, but have physical custody of the child(ren) or claim rights of parental responsibilities, legal custody, or physical custody or control of the child(ren): (List Names and Addresses)

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1. The appointment of a guardian of the Minor(s) Child(ren) is necessary for the following reasons:

The parent(s) consent(s) to the appointment of a Guardian. (Attach Consent of Parent.)

All parental rights have been terminated by

prior court order. (Attach a copy of the court order to this Petition.)

death. (If available, attach a copy of the death certificate to this Petition.)

The parents are unfit and/or unwilling or unable to exercise their parental rights.

(Briefly explain.)

Guardianship has previously been granted to a third party who has died or become incapacitated.

1. Petitioner nominates himself/herself and requests to be appointed as Guardian;

**OR**

Petitioner nominates the following person to be appointed as Guardian:

Name:

Street Address:

Mailing Address, if different:

City: State: Zip Code:

Home Phone #: Work Phone #:

Email Address: ;

**OR**

The Minor, who is 14 years of age or older, has nominated a Guardian. (Attach Consent or Nomination of Minor.)

1. The Proposed Guardian is (select one):

the person nominated as guardian in the will of the custodial parent,

the person requested by the Minor Child who has reached the age of 14 years,

another person whose appointment would be in the best interest of the Minor Child. The Proposed Guardian’s relationship to the Minor Child is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

1. The Petitioner/Proposed Guardian is a fit and proper person to serve as guardian for the Minor child(ren) for the following reasons:

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1. The Proposed Guardian (check all that apply):

provides, or is likely to provide during the guardianship, services to the Ward in a professional or business capacity unrelated to the guardianship.

is, or is likely to become during the guardianship, a creditor of the ward, other than in the capacity as guardian.

has, or is likely to have during the guardianship, interests that may conflict with those of the ward.

is employed by a person who would be disqualified from serving as guardian pursuant to Wyo. Stat. 3-2-107.

1. It is necessary to appoint a **Permanent Guardian** for the Minor(s) because: (Describe the reasons why the Minor Child is in need of a permanent guardian.)
2. It is necessary to appoint a **Temporary Guardian** and the appointment of a Temporary Guardian is in the best interest of the Minor(s). (Describe the reasons why a temporary guardian is needed and the date when the guardianship should end.)

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1. It is necessary to appoint an **Emergency Guardian** for the Minor(s) because of the likelihood of substantial harm to the Minor’s health, safety or welfare, and that no other

person appears to have authority and willingness to act in the circumstances. (Describe the nature of the emergency and the date when the guardianship should end.)

1. Petitioner requests the appointment of a **Standby Guardian** to be effective upon the following occurrence: (Describe the condition or event that would cause the standby guardianship to go into effect. A standby guardianship is not effective until the occurrence of the specified event or condition.)

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

1. Petitioner requests that the powers of the guardian be:

Unrestricted,

Limited by the following restrictions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The Petitioner requests that an appointment of a Guardian be made, after notice and hearing, and such other and further relief as the Court shall deem proper.

DATED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_.

(Signature of Petitioner)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ (Phone Number) (Printed Name of Petitioner)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ (Address) (City, State, Zip)