STATE OF WYOMING ) IN THE DISTRICT COURT

 ) SS

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

IN THE MATTER OF THE ) Probate No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GUARDIANSHIP OF )

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ )

 )

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ )

 )

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, )

 Minor child(ren). )

**ANSWER TO MOTION TO TERMINATE GUARDIANSHIP (MINOR)**

 The Respondent sets forth the following as the answers and responses to the *Motion to Terminate Guardianship* (“Motion”):

1. Respondent admits the allegations in Paragraphs

 (list paragraphs that you believe are accurate)

 of the *Motion*.

1. Respondent denies the allegations in Paragraphs

 (list paragraphs that you believe are not accurate)

 of the *Motion.*

1. Respondent does not have information sufficient to either admit or deny the allegations in Paragraphs of the *Motion*.

 (list paragraphs)

 **WHEREFORE**, Respondent respectfully requests that the court find in favor of Respondent, that the *Motion to Terminate Guardianship* be denied and for such other relief as the court deems proper.

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

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

 (Signature of Respondent)

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

 (Printed Name of Respondent)

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

 (Phone Number)

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

 (Address – to receive mailings)

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

 (City, State, Zip)

**CERTIFICATE OF SERVICE**

I certify that on (date) the original of this ANSWER TO MOTION TO TERMINATE GUARDIANSHIP was filed with the Clerk of District Court; and, a true and accurate copy of this document was served on the other party by [ ]  Hand Delivery OR [ ]  Faxed to this number OR [ ]  by placing it in the United States mail, postage pre-paid, and addressed to the following:

(Print name and address of other party)

TO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

 Your signature

 Print Name