

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

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

IN THE MATTER OF THE )  
GUARDIANSHIP OF )  
\_\_\_\_\_) )  
\_\_\_\_\_) )  
\_\_\_\_\_) )  
\_\_\_\_\_) )  
Minor child(ren). )

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

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**ACKNOWLEDGEMENT AND ACCEPTANCE OF SERVICE**

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I, (Print Respondent's Name) \_\_\_\_\_, hereby acknowledge receipt of a copy of the *Summons* and *Motion to Terminate Guardianship* filed in this case. In accepting service of process, I retain all defenses or objections to the lawsuit or to the jurisdiction or venue of the court except for objections based on a defect in the *Summons* or in the service of the *Summons*. I understand that I must answer or otherwise plead within 20 days from this date (30 days if copies of the papers were received outside of Wyoming) and that if I fail to file an answer or other pleadings with the Clerk of this Court and serve the same upon the Movant in accordance with the Wyoming Rules of Civil Procedure within the time limits stated, I will be in default and Movant may be afforded the relief demanded in the *Motion to Terminate Guardianship* without a trial or other hearing.

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

\_\_\_\_\_  
(Respondent's Signature)

Respondent's Phone Number: \_\_\_\_\_

Respondent's Address: \_\_\_\_\_

Respondent's City/State/Zip Code: \_\_\_\_\_

Subscribed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

WITNESS my hand and official seal.

\_\_\_\_\_  
Notarial Officer

My Commission Expires:

**CERTIFICATE OF SERVICE**

I certify that on \_\_\_\_\_ (date) the original of this document was filed with the Clerk of District Court; and, a true and accurate copy of this document was served on each of the following:

*Must be sent to every party to the case or their attorney if represented. Print the other party's or other party's attorney's **Name** and **Address**. You must indicate **Method of Service**.*

Other Party/Other Party's Attorney's Name and Address	Method of Service
	<input type="checkbox"/> Hand Delivery <input type="checkbox"/> Faxed to this number: _____ <input type="checkbox"/> Placed in United States Mail
	<input type="checkbox"/> Hand Delivery <input type="checkbox"/> Faxed to this number: _____ <input type="checkbox"/> Placed in United States Mail
	<input type="checkbox"/> Hand Delivery <input type="checkbox"/> Faxed to this number: _____ <input type="checkbox"/> Placed in United States Mail
	<input type="checkbox"/> Hand Delivery <input type="checkbox"/> Faxed to this number: _____ <input type="checkbox"/> Placed in United States Mail

\_\_\_\_\_  
Your signature

\_\_\_\_\_  
Print name