

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

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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*.
2. Respondent denies the allegations in Paragraphs \_\_\_\_\_  
(list paragraphs that you believe are not accurate)  
of the *Motion*.
3. 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