

STATE OF WYOMING)
) SS
COUNTY OF _____)

IN THE DISTRICT COURT
____ JUDICIAL DISTRICT

IN THE MATTER OF THE)
GUARDIANSHIP OF)
_____))
_____))
_____))
_____))
Minor child(ren).)

Probate No. _____

REQUEST FOR SETTING

_____ (name), Movant Respondent,
respectfully requests a time and date for a hearing/trial of the above-captioned matter on the
Motion to Terminate Guardianship, or on the _____
_____. Time requested for the hearing/trial: Hours _____ Minutes _____.

Notice: Any party requesting the reporting of a particular matter by the official court reporter shall make a request to the appropriate official court reporter as soon as possible, but no later than **three (3) working days** before the matter is set for hearing. You can provide notice to the court reporter by phone or by submitting a written request. Please note that if providing notice through the mail, the request must be received by the court reporter no later than three working days prior to the hearing. The Clerk of District Court will be able to inform you which court reporter to contact. The three-day notice requirement will not be waived by the Court. The notice is required for all civil matters including jury trials. If a hearing is not recorded by an official court reporter, a transcript of the hearing will not be available. It is very difficult to appeal the Judge's decision if you do not have a transcript of everything that is said at the trial. Rule 904 of the Uniform Rules of the District Courts of the State of Wyoming.

DATED this _____ day of _____, 20____.

Signature
Phone Number: _____
Address: _____

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's/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 |
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| | <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Faxed to this number: _____ <input type="checkbox"/> Placed in United States Mail |

Your signature

Print name