

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

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

IN THE MATTER OF THE )  
GUARDIANSHIP OF )  
 )  
\_\_\_\_\_, )  
An Adult )

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

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**PETITION FOR APPOINTMENT OF GUARDIAN FOR AN ADULT**

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**NOW COMES,** \_\_\_\_\_, Petitioner, and makes this Petition for Appointment of Guardian for an Adult pursuant to W.S. §§3-2-101 and 3-3-101 et. seq., and would respectfully show the Court the following in support:

**1. The Petitioner is:**

a person interested in the welfare of the Proposed Ward.

**OR**

the Proposed Ward. (Check this box only if Proposed Ward is filing a voluntary petition.)

**2. The Proposed Ward/Respondent is:**

Name: \_\_\_\_\_ Current age: \_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address, if different: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name and address of the person or facility having the care, custody or control of the proposed ward: \_\_\_\_\_

**3.**  The Proposed Ward is an incompetent or mentally incompetent person who is unable, unassisted, to properly manage and take care of himself/herself or his/her property;

**OR**

The Proposed Ward has filed a voluntary petition for guardianship.

**4. Information about the Petitioner:**

Name: \_\_\_\_\_

Relationship to the Proposed Ward: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address, if different: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

**5. The following persons related to the proposed ward are entitled to notice of this application for guardianship:**

**Spouse's Name:** \_\_\_\_\_  Deceased

Street Address: \_\_\_\_\_

Mailing Address, if different: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_  Deceased

Street Address: \_\_\_\_\_

Mailing Address, if different: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

**Father's Name:** \_\_\_\_\_  Deceased  Unknown

Street Address: \_\_\_\_\_

Mailing Address, if different: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

**Name:** \_\_\_\_\_  
Relationship to Proposed Ward:  Adult Child  Other \_\_\_\_\_  
Street Address: \_\_\_\_\_  
Mailing Address, if different: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**Name:** \_\_\_\_\_  
Relationship to Proposed Ward:  Adult Child  Other \_\_\_\_\_  
Street Address: \_\_\_\_\_  
Mailing Address, if different: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_  
Email Address: \_\_\_\_\_

6. Jurisdiction for this proceeding is proper because:
- this state is the Proposed Ward's home state (the Proposed Ward has resided in this state for at least six consecutive months immediately before this petition was filed).
- OR**
- the Proposed Ward has not resided in this state for at least six consecutive months before the filing of this petition, **BUT** no petition for guardianship is pending in any other state and this state is an appropriate forum for this guardianship proceeding.
7. Venue for this proceeding is proper because the Proposed Ward
- resides in this county.
- is present in this county.
- is admitted to an institution pursuant to an order of a court of competent jurisdiction sitting in this county.

**(Warning: If none of these apply, seek the advice of a lawyer before filing this Petition.)**

8.  An appointment of a guardian or conservator for the Proposed Ward has previously been made. (Attach a copy of the Order.)

The previously appointed Guardian is still in place;

**OR**

Guardianship has previously been granted, but the previous Guardian has died or become incapacitated.

9.  A Power of Attorney exists for financial or medical matters. (Attach a copy.) The name and address of any agent named under a Power of Attorney is:

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10. The appointment of a guardian is necessary due to the following disabilities or impairments of the Proposed Ward:

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11. Petitioner requests the powers and duties of the Guardian to be  unlimited/unrestricted (plenary) **OR**  limited/with restrictions. The requested limitations/restrictions on the Guardian's powers and duties, if any, are as follows:

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12. The requested guardianship is the least restrictive and most appropriate guardianship suitable to the Proposed Ward's circumstances and needs.

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

**OR**

Petitioner nominates the following person to be appointed as Guardian:

Name: \_\_\_\_\_

Relationship to the Proposed Ward: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address, if different: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

**OR**

The Proposed Ward has nominated a Guardian. (Attach Consent or Nomination.)

14. The Proposed Guardian has priority for appointment because he/she is:

A person nominated by the Respondent/Proposed Ward and at the time of that nomination, the Respondent had the capacity to make a reasonably intelligent choice;

The spouse of the Respondent;

A person nominated in the will of the Respondent's deceased spouse;

The parent of the Respondent;

An adult child of the Respondent;

A person named in the will of the Respondent's deceased parent;

A relative of the Respondent with whom the Respondent has resided for more than six (6) months during the year preceding the filing of this petition;

A relative or friend who has demonstrated a sincere, longstanding interest in the welfare of the Respondent. Explain: \_\_\_\_\_

15. The Petitioner/Proposed Guardian is a fit and proper person to serve as guardian for the proposed ward for the following reasons: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_.

16.  It is necessary to appoint a **Temporary Guardian** and the appointment of a Temporary Guardian is in the best interest of the Proposed Ward. (Describe the reasons why a temporary guardian is needed.) (A temporary guardian may not be appointed for a period of more than 90 days.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

17.  It is necessary to appoint an **Emergency Guardian** for the Proposed Ward because compliance with the regular procedures for the appointment of a guardian would likely result in substantial harm to the Proposed Ward's health, safety or welfare, and no other person appears to have authority and willingness to act in the circumstances. (Describe the nature of the emergency that requires the appointment of an Emergency Guardian.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

18. It is in the Proposed Ward's best interest that the requested guardianship be approved.

**WHEREFORE**, 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)

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

\_\_\_\_\_  
(Phone Number)

\_\_\_\_\_  
(Address)

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