Form 101: Verified Petition for Temporary Guardianship

**name of person filing form: address: city, state, zip code: telephone number:**

**Did an attorney help you complete this form? Yes / No**

IN THE DISTRICT COURT OF COUNTY, WYOMING

 JUDICIAL DISTRICT

IN THE INTEREST OF

)

)

)

)

)

)

)

)

Probate No.

(will be assigned once you file with Court)

 Minors, (list names of minor children)

**VERIFIED PETITION FOR TEMPORARY GUARDIANSHIP**

COMES NOW the person(s) filing this Verified Petition (collectively called “Petitioner”

in this document) and petition this Court to appoint Petitioner as the temporary guardian of the

child(ren) designated herein for educational, medical care and dental care purposes, and hereby

states as follows:

**1.**

**PETITIONER INFORMATION:**

1. (Full name of all Petitioners)
2. (Petitioners full residence address, city, county, state and zip code)
3. Length of time Petitioners have been a resident of county where Petition filed:
4. Wyoming driver’s license or ID card number:

**2.**

**STATEMENT OF REASONS FOR TEMPORARY GUARDIANSHIP:**

Please provide a concise statement of the reasons for the desired temporary guardianship for educational, medical-care and dental-care purposes, including an outline of the facts stating where the children live, why the children live where they do and why the best interest of the children requires the appointment of a guardian for educational, medical- and dental-care purposes. (attach additional sheets if necessary)

**3.**

**QUALIFICATIONS OF PETITIONER:**

Please state why the proposed guardians are fit and proper persons to serve as guardians of the

stated minor children:

(attach additional sheets if necessary)

**4.**

**INFORMATION ABOUT EACH MINOR AND PARENTS/LEGAL GUARDIAN:**

**CHILD #1 - full legal name:**

Birth Date: Place of Birth:

(Current physical address of the child)

(Any previous addresses for the one year period before filing this Petition)

Natural MOTHER’S full name and last known address:

Natural FATHER’S full name and last known address:

Name and Address of any other person, legal guardian or facility (circle one) currently having care, custody and/or control of the child (other than Petitioners):

**\*\*State which, if any, of the child’s parents or legal guardians have signed a written “Consent To Temporary Guardianship” (Form 102) and attach the original of the form to this Petition before you file this Petition:**

**CHILD #2 - full legal name:**

Birth Date: Place of Birth:

(Current physical address of the child)

(Any previous addresses for the one year period before filing this Petition)

Natural MOTHER’S full name and last known address:

Natural FATHER’S full name and last known address:

Name and Address of any other person, legal guardian or facility (circle one) currently having care, custody and/or control of the child (other than Petitioners):

**\*\*State which, if any, of the child’s parents or legal guardians have signed a written “Consent To Temporary Guardianship” (Form 102) and attach the original of the form to this Petition before you file this Petition:**

**CHILD #3 - full legal name:**

Birth Date: Place of Birth:

(Current physical address of the child)

(Any previous addresses for the one year period before filing this Petition)

Natural MOTHER’S full name and last known address:

Natural FATHER’S full name and last known address:

Name and Address of any other person, legal guardian or facility (circle one) currently having care, custody and/or control of the child (other than Petitioners):

**\*\*State which, if any, of the child’s parents or legal guardians have signed a written “Consent To Temporary Guardianship” (Form 102) and attach the original of the form to this Petition before you file this Petition:**

**5. NOTIFICATION OF ALL INVOLVED PERSONS:** For those parents or legal guardians of a child who HAVE NOT signed a written Consent To Temporary Guardianship (Form 102), please explain the attempts made by the Petitioner to obtain authority from the natural parents or other person having legal custody of each child to enroll each child in school, to authorize medical or dental care, or to inform them that Petitioner was going to seek a temporary guardianship for educational, medical-care and dental-care purposes.

[signatures on next page]

STATE OF WYOMING )

)SS COUNTY OF )

The Petitioners, , under penalty of perjury, verify that they have read the Verified Petition for Temporary Guardianship, know the contents of the Petition and that the statements in the Petition are true to the best of their knowledge.

Petitioner’s Signature

(must sign in front of a notary public)

Petitioner’s Signature

(must sign in front of a notary public)

Address and Phone Number

Address and Phone Number

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

WITNESS my hand and official seal.

Notary Public

My Commission Expires:

Pursuant to Rule 102(a)(1)(B) of the Wyoming Uniform Rules of District Court the following attorney has participated in the preparation of this pleading but said attorney is NOT deemed to have entered any appearance in this matter:

Attorney’s name, address and telephone

Form 102: Consent to Temporary Guardianship

IN THE DISTRICT COURT OF COUNTY, WYOMING

 JUDICIAL DISTRICT

IN THE INTEREST OF

)

)

)

)

)

)

)

)

Probate No. (will be assigned)

**CONFIDENTIAL**

 Minors, (Names of minor children)

**CONSENT TO TEMPORARY GUARDIANSHIP**

I, , being duly sworn, depose and say:

1.

I reside at , County of ,

State of .

2.

I am the natural mother / father / legal guardian (circle one) of

 , a minor child involved in these proceedings.

3.

Said minor child was born on , in the City of ,

State of .

4.

Believing it to be in the best interests of said minor child, I do hereby give my consent,

freely and voluntarily, to the appointment of

 as Temporary Guardians for educational, medical-care

and dental-care purposes for one year from the date of the court’s order granting the Temporary

Guardianship. I further hereby waive any objections to this matter being heard at any time

hereafter at any place within the Judicial District, without my presence, hereby relinquish any

and all of my rights to receive notice of the filing of a Petition for Temporary Guardianship for

educational, medical-care and dental-care purposes or to appear before this court or receive

further notice of these proceedings. I also fully understand that with the signing of this document

my consent cannot be withdrawn except with Court approval.

DATED this day of , 2005.

Natural Parent/Legal Guardian

STATE OF )

) ss.

COUNTY OF )

The foregoing instrument was acknowledged before me this day of , 20 , by , who personally appeared before me this day in person, and acknowledged that he/she signed and delivered the said instrument as his/her free and voluntary act, for the uses and purposes therein set forth.

WITNESS my hand and official seal.

Notary Public

My commission expires

Form 103: Ex Parte Temporary Guardianship Order

**name of person filing form: address: city, state, zip code: telephone number:**

**Did an attorney help you complete this form? Yes / No**

IN THE DISTRICT COURT OF COUNTY, WYOMING

 JUDICIAL DISTRICT

IN THE INTEREST OF

)

)

)

)

)

)

)

)

Probate No.

 Minors. (Names of minor children)

**EX PARTE TEMPORARY GUARDIANSHIP ORDER**

THIS MATTER having come before the Court pursuant to the Verified Petition

for

Temporary Guardianship filed by the designated Petitioners, and the Court, having reviewed the

file and being fully advised in the premises: FINDS by a preponderance of the evidence from the

Petition and testimony, if any testimony was deemed necessary by the Court, that petitioners are

caregivers within the definition of Wyoming Statute, that temporary guardianship of the minor

child(ren) designated in the Petition is in the best interest of the child(ren) and not detrimental to

the interests of any other person and that no persons other than the Petitioners appears to have

authority and willingness to act in the circumstances.

NOW, THEREFORE, IT IS HEREBY ADJUDGED, ORDERED AND DECREED that

the Petitioner(s), , be and hereby

is/are appointed the exclusive temporary guardians for educational, medical-care and dental-care

purposes of the following minor child(ren), whose names and dates of birth are as follows:

 .

IT IS FURTHER HEREBY ORDERED that a copy of this Order, together with a copy of

a Notice of Right to a Hearing, shall be served on the natural parents or permanent legal guardian

of each minor child named in this Order pursuant to Rule 4 of the Wyoming Rules of Civil

Procedure.

THIS ORDER shall remain in full force and effect for not more than one (1) year, unless

good cause is shown, or otherwise ordered by this Court.

DONE THIS day of , 20 .

BY THE COURT:

DISTRICT COURT JUDGE

**A COPY OF THIS ORDER AND A NOTICE OF RIGHT TO A HEARING MUST BE SERVED UPON THE NATURAL PARENTS OR PERMANENT LEGAL GUARDIAN OF EACH CHILD NAMED IN THIS ORDER WHO HAVE NOT SIGNED A CONSENT FORM**

Pursuant to Rule 102(a)(1)(B) of the Wyoming Uniform Rules of District Court the following attorney has participated in the preparation of this pleading but said attorney is NOT deemed to have entered any appearance in this matter:

Attorney’s name, address and telephone

Form 104: Notice of Right to a Hearing

**name of person filing form: address: city, state, zip code: telephone number:**

**Did an attorney help you complete this form? Yes / No**

IN THE DISTRICT COURT OF COUNTY, WYOMING

 JUDICIAL DISTRICT

IN THE INTEREST OF

)

)

)

)

)

)

)

)

Probate No.

 Minors, (Names of minor children)

**NOTICE OF RIGHT TO A HEARING**

YOU ARE HEREBY GIVEN NOTICE as a natural parent or permanent legal guardian of the child(ren) listed above that an Ex Parte Temporary Guardianship Order has been entered in this matter without notice to you that appoints as the exclusive temporary guardian(s) of your named child(ren)/ward for educational, medical- care and dental-care purposes during the pendency of this matter, or until otherwise ordered by this Court.

YOU ARE HEREBY FURTHER GIVEN NOTICE that you, as a natural parent or legal guardian of a child named in the Order, have the right, individually or jointly with the other natural parent or legal guardian of a child named in the Order, to request a full hearing with the Court on the temporary guardianship ordered by filing a written request for hearing with the Court.

CLERK OF DISTRICT COURT

By

Form 105: Certificate of Mailing

**name of person filing form: address: city, state, zip code: telephone number:**

**Did an attorney help you complete this form? Yes / No**

IN THE DISTRICT COURT OF COUNTY, WYOMING

 JUDICIAL DISTRICT

IN THE INTEREST OF

)

)

)

)

)

)

)

)

Probate No.

 Minors, (Names of minor children)

**CERTIFICATE OF MAILING**

The undersigned hereby certifies the mailing of a true and correct copy of the Ex Parte Temporary Guardianship Order entered in the above-referenced matter, together with Notice of

Right to a Hearing, to the persons designated below at their last known address:

DATED this day of , 20 .

CLERK OF DISTRICT COURT

By

NOTE: When you present this form to the Clerk of District Court you must bring the Clerk enough pre-addressed envelopes with proper postage to allow the Clerk to send a copy to each and every parent or guardian even if they live at the same address. Plus you should include a pre- addressed envelope with proper postage to allow the Clerk to send you a copy of the form.

Form 106: Affidavit of Service

**name of person filing form: address: city, state, zip code: telephone number:**

**Did an attorney help you complete this form? Yes / No**

IN THE DISTRICT COURT OF COUNTY, WYOMING

 JUDICIAL DISTRICT

IN THE INTEREST OF

)

)

)

)

)

)

)

)

Probate No.

 Minors, (Names of minor children)

**AFFIDAVIT OF SERVICE**

STATE OF WYOMING

)

) ss.

*TO BE USED BY A PERSON OTHER THAN A WYOMING SHERIFF, UNDERSHERIFF OR DEPUTY.*

COUNTY OF )

COMES NOW , being first duly sworn upon oath and of lawful age, deposes and states that I am over the age of 21 years; am not a party to the foregoing action or interested therein and that I made service of a true and correct copy of the following described document(s)

 , filed in the above entitled matter, and that I served the same in the County aforesaid on the

 day of ,20 , by hand-delivering a copy of the same to:

 .

Signature

The foregoing document was acknowledged before me by this day of , 20 .

Notary Public

My commission expires:

Form 107: Return of Service

**name of person filing form: address: city, state, zip code: telephone number:**

**Did an attorney help you complete this form? Yes / No**

IN THE DISTRICT COURT OF COUNTY, WYOMING

 JUDICIAL DISTRICT

IN THE INTEREST OF

)

)

)

)

)

)

)

)

Probate No.

 Minors, (Names of minor children)

**RETURN OF SERVICE**

STATE OF WYOMING

)

)ss.

*TO BE USED BY A WYOMING SHERIFF, UNDERSHERIFF OR DEPUTY.*

COUNTY OF )

I, , Sheriff in and for said County of , State of Wyoming, do hereby certify that I received a copy of the

 , filed in the above entitled matter, and that I served the same in the County aforesaid on the day of , 20 , by delivering a copy of the same to:

 .

Sheriff

By Deputy Sheriff

Form 108: Request for Hearing

-- TO BE COMPLETED BY NATURAL PARENT(S) OR LEGAL GUARDIAN(S) WHO IS/ARE REQUESTING A HEARING ONLY --

IN THE DISTRICT COURT OF COUNTY, WYOMING

 JUDICIAL DISTRICT

IN THE INTEREST OF

)

)

)

)

)

)

)

)

Probate No.

 Minors, (Names of minor children)

**REQUEST FOR HEARING**

COMES NOW , the natural

parent(s)/legal guardian(s) of

 , the

minor child(ren) named in the Ex Parte Temporary Guardianship Order entered in this case, and

hereby requests that this Court set a full hearing on the temporary guardianship.

DATED this day of , 20 .

Parent’s/Guardian’s Signature

Parent’s/Guardian’s Signature

Address and Phone Number

Address and Phone Number

*Note: a copy of this request must be served upon the temporary guardian(s) appointed for each child as designated in the Ex Parte Temporary Guardianship Order*

Form 109: Confidential Statement of Temporary Guardians

**name of person filing form: address: city, state, zip code: telephone number:**

**Did an attorney help you complete this form? Yes / No**

IN THE DISTRICT COURT OF COUNTY, WYOMING

 JUDICIAL DISTRICT

IN THE INTEREST OF

)

)

)

)

)

)

)

)

Probate No. (will be assigned)

**CONFIDENTIAL**

 Minors, (Names of minor children)

**CONFIDENTIAL STATEMENT OF TEMPORARY GUARDIANS**

COMES NOW the court appointed Temporary Guardians of the above named minor children for educational, medical-care and dental-care purposes, and hereby submit this separate statement that shall remain confidential and may be inspected by the Temporary Guardians, the natural parents or legal guardians of the children, their attorneys, the Wyoming Department of Family Services to the extent necessary to enforce the Child Support Enforcement Act and the Uniform Interstate Family Support Act and other persons or entities, if permitted by court order and contains the:

1.

The Social Security number of each party:

a.

Name of first Petitioner: First Petitioner’s Social Security number: Name of second Petitioner: Second Petitioner’s Social Security number:

b.

2.

The name and Social Security number of the children for whom temporary guardianship

has been granted and the name and Social Security number of their parents/legal guardians:

**CHILD ONE**

Child’s Name: Child’s Social Security number:

Natural MOTHER’S name: Natural MOTHER’S Social Security number:

Natural FATHER’S name: Natural FATHER’S Social Security number:

**CHILD TWO**

Child’s Name: Child’s Social Security number:

Natural MOTHER’S name: Natural MOTHER’S Social Security number:

Natural FATHER’S name: Natural FATHER’S Social Security number:

**CHILD THREE**

Child’s Name: Child’s Social Security number:

Natural MOTHER’S name: Natural MOTHER’S Social Security number:

Natural FATHER’S name: Natural FATHER’S Social Security number:

DATED this day of , 20 .

Petitioner’s Signature

(must sign in front of a notary public)

Petitioner’s Signature

(must sign in front of a notary public)

STATE OF WYOMING

)

)SS

COUNTY OF )

The foregoing Confidential Statement of Temporary Guardians was acknowledged before me by this day of , 20 .

WITNESS my hand and official seal.

Notary Public

My commission expires:

Pursuant to Rule 102(a)(1)(B) of the Wyoming Uniform Rules of District Court the following attorney has participated in the preparation of this pleading but said attorney is NOT deemed to have entered any appearance in this matter:

Attorney’s name, address and telephone