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**WIND RIVER TRIBAL COURT**

Shoshone and Arapaho Tribes  
Wind River Indian Reservation  
P.O. Box 608  
Fort Washakie, Wyoming 82514  
307-332-6702

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IN THE MATTER OF GUARDIANSHIP OF: )  
 )  
 )  
\_\_\_\_\_) NAME OF PERSON ) Case No. \_\_\_\_\_  
 )  
\_\_\_\_\_) DATE OF BIRTH )

**PETITION FOR HEARING**

Petitioner, \_\_\_\_\_ (print your name), respectfully requests that  
this Court schedule a hearing on Petitioner’s Petition to Appointment Guardian.

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

\_\_\_\_\_  
Petitioner (Sign your name)

\_\_\_\_\_  
(Print your name)

\_\_\_\_\_  
(Print your Physical Address)

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

\_\_\_\_\_  
(Print your Mailing Address)

\_\_\_\_\_  
(City/State/Zip)

\_\_\_\_\_  
(Print your Telephone Number)