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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 )

**OATH OF GUARDIANSHIP**

COMES NOW the Petitioner, \_\_\_\_\_ (print your name),  
proposed guardian of the above-named proposed ward, to swear their oath of guardianship.

I, \_\_\_\_\_ (print your name), do solemnly swear (or  
affirm) that I will faithfully perform all my duties as assigned guardian of  
\_\_\_\_\_ (print name of proposed ward). I will care for his/her health,  
safety and general welfare, including education and medical care as needed. I understand that while I  
have the right to invest, manage and/or dispose of his/her property, and the right to expend such  
portions of his or her estate, income and principle, such actions will ONLY be taken by me when I  
deem it reasonably necessary and prudent for the care of the ward, and ONLY when it is in HIS/HER  
best interest, so help me God.

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

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

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

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STOP

FOR THE CLERK  
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Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

(Seal)

\_\_\_\_\_  
Court Clerk/Notary Public

My commission expires: