STATE OF WYOMING ) IN THE DISTRICT COURT

) ss

COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ JUDICIAL DISTRICT

Plaintiff/Petitioner: ) Case Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

)

Person listed as Plaintiff or Petitioner )

on the Complaint or Petition )

vs. )

)

Defendant/Respondent: )

)

Person listed as Defendant or Respondent )

on the Complaint or Petition )

**MOTION FOR**

(Describe what you are requesting from the Court.)

My name is .

1. In this case, I am the

Plaintiff or Petitioner.

Defendant or Respondent.

1. I am requesting that: (Describe what you would like the Court to do for you)

I have attached additional pages with more information.

1. My reasons for this request are:

I have attached additional pages with more information.

**DATED** , 20 .

Signature

Printed Name:

Phone Number:

Home Address (Physical):

Mailing Address:

Email Address:

☐ A Wyoming Court Navigator helped with this form.

**CERTIFICATE OF SERVICE**

I certify that the original of this document was filed with the Clerk of the District Court in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County, Wyoming.

I further certify that on , 20 , a true and accurate copy of this document was served on the other party in the following manner:

☐ Delivered by hand to: (name)

☐ Faxed to this number:

☐ Mailed by United States Postal Service, postage pre-paid, to:

Name of other party or other party’s attorney:

Address of other party or other party’s attorney:

Signature:

Printed Name:

Date: , 20

--------------------------------------------------Fill in, if applicable----------------------------------

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 an appearance in this matter:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attorney’s Name

Attorney’s Address/Telephone/Email Address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
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