STATE OF WYOMING   )   IN THE DISTRICT COURT
) ss.

COUNTY OF _____)   _____ JUDICIAL DISTRICT

IN RE NAME CHANGE OF   )   Civil Action Case No. _____
)

_____   )

(minor child's **current** full name)   )
)
)

Minor Child, By Next Friend,   )
)

_____.   )

(Petitioner's full name)   )

REQUEST TO SET MINOR'S NAME CHANGE HEARING

Petitioner, (current full name)_____, respectfully request a hearing be set regarding the above-captioned matter for a *Petition for Name Change of Minor Child.*

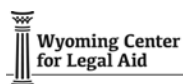Time requested: Hours_____Mins_____   Court Reporter needed: Yes / No ?

Any party requesting the reporting of a particular matter by the official court reporter shall make a request by phone to the appropriate official court reporter at least **three (3) working days** before the matter is set for hearing. The clerk will be able to inform you which court reporter to contact. The three-day notice requirement will not be waived by the Court. The notice is required for all civil matters including jury trials. Payment of the statutory reporting fee of $45.00 per day shall be paid to the official court reporter prior to the commencement of the hearing/trial. Checks for the statutory reporting fee shall be made payable to the Wyoming State Treasurer. If a hearing is not recorded by an official court reporter, a transcript of the hearing will not be available. It is very difficult to appeal the Judge's decision if you do not have a transcript of everything that is said at the trial. Rule 904 and 905 of the Uniform Rules of the District Courts of the State of Wyoming.

DATED this _____ day of _____, 20____.

_____

Signature

Phone Number:_____

Address: _____

Wyoming Center
for Legal Aid

CERTIFICATE OF SERVICE

I certify that on _____ (date) the original of this document was filed with the Clerk of District Court; and, a true and accurate copy of this document was served on each of the following:

Must be sent to every respondent (or to their attorney, if represented) who filed an Answer.

Respondent/Respondent's Attorney's Name and Address	Method of Service
	☐Hand Delivery ☐Faxed to this number:_____ ☐Placed in United States Mail
	☐Hand Delivery ☐Faxed to this number:_____ ☐Placed in United States Mail
	☐Hand Delivery ☐Faxed to this number:_____ ☐Placed in United States Mail
	☐Hand Delivery ☐Faxed to this number:_____ ☐Placed in United States Mail

_____
Your signature

_____
Print name

Wyoming Center for Legal Aid

REQUEST TO SET MINOR NAME CHANGE HEARING - Page 2 of 2
This form is available for **free** at www.legalhelpwy.org. Rev. 4/2014.