

STATE OF WYOMING)
) ss
COUNTY OF)

IN THE DISTRICT COURT
JUDICIAL DISTRICT

IN THE MATTER of the) Case Number _____
CHANGE OF NAME OF)
_____)
Petitioner)
(current full name of adult asking for change)

**RESTRICTED: AFFIDAVIT SUPPORTING MOTION
FOR GRANT OF CONFIDENTIALITY**

1. I am the Petitioner in this case.
2. I am an adult (18 years old or older).
3. I am a victim of domestic abuse. I believe that more acts of domestic abuse will be committed against me if information about where I live is made public.

[This space is intentionally left blank.
The form continues on the next page.]

4. This is information about the abuse that has happened and why I think it may happen again:

I swear under penalty of perjury that the information I have provided on this form is true and correct to the best of my knowledge.

Dated: _____, 20_____. Signature: _____
Printed Current Name: _____
Email Address: _____

STATE OF WYOMING)
) ss
COUNTY OF)

SUBSCRIBED AND SWORN to before me this _____ day of _____, 20___.
Witness my hand and official seal.

CLERK OF COURT/NOTARIAL OFFICER

My commission expires: