

STATE OF WYOMING)
) ss
COUNTY OF _____)

IN THE DISTRICT COURT

_____ JUDICIAL DISTRICT

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

Case Number _____

**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.

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