STATE OF WYOMING	)	IN THE DISTRICT COURT
	) ss	
COUNTY OF _____	)	_____ JUDICIAL DISTRICT

IN THE MATTER of the	)	Case Number_____
CHANGE OF NAME OF	)	
_____	)	
A Minor Child	)	
(current full name of child)	)	
	)	
By Next Friend	)	
_____	)	
(full name of adult asking for change)	)	

RESTRICTED: MOTION FOR GRANT OF CONFIDENTIALITY

1. I am the Next Friend in this case.
2. I am making this request in accordance with Wyoming Statutes 1-25-101 and 1-25-103 and 35-21-112.
3. The Petitioner Minor Child is a victim of domestic abuse.
4. For this name change case, I ask the Court to issue an order prohibiting the release of any information that identifies where the Minor lives, including the address, city, and state where the Minor lives.

5. ☐ The Minor has been granted an Order of Protection (restraining order, protective order) in the state of _____. That Order is in effect until _____ _____, 20___.

   OR

☐ The Minor does not have an Order of Protection, but the Minor is a victim of domestic abuse and more abuse may happen if information about where the Minor lives is made public.

6. ☒ I have attached a copy of the Order of Protection or other documents that support my statements. (Other documents might include police reports, a sworn affidavit describing the abuse, or medical records showing treatment for injuries caused by the abuse.)

7. I respectfully ask the Court to issue an order granting confidentiality in this case.
   ☐ I have submitted a blank Order Regarding Confidentiality with this Motion.

Dated: _____, 20___

Signature: _____
Printed Name: _____
Email Address: _____

If your contact information is the same as the Minor's contact information, do not write your phone number or address on this form.

Phone Number: _____
Mailing Address: _____
_____

CERTIFICATE OF SERVICE

I 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: _____

☐ Both Emailed to this address _____ and

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___

STATE OF WYOMING	)	IN THE DISTRICT COURT
	) ss	
COUNTY OF _____	)	_____ JUDICIAL DISTRICT

IN THE MATTER of the	)	Case Number_____
CHANGE OF NAME OF	)	
_____	)	
A Minor Child	)	
(current full name of child)	)	
	)	
By Next Friend	)	
_____	)	
(full name of adult asking for change)	)	

RESTRICTED: NOTICE OF FILING CONFIDENTIAL ORDER

I am submitting the attached Order of Protection with the Motion for Grant of Confidentiality.

Dated: _____, 20__

Signature: _____
Printed Current Name:_____
Email Address: _____