

STATE OF WYOMING)
) ss
COUNTY OF _____)

IN THE DISTRICT COURT

_____ JUDICIAL DISTRICT

IN THE MATTER of the)
CHANGE OF NAME OF)

Case Number _____

_____)
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 the original of this document was filed with the Clerk of District Court in
_____ County, Wyoming.

I further certify that on _____, 20____, a true and accurate copy of
this document was served as follows:

Name of the person who was served: _____

That person's relationship to this case: _____

That person was served in this way:

☐ Delivery by hand to: _____ (name)

☐ Fax to this number: _____

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

Name of that person or that person's attorney: _____

Address of that person or that person's attorney: _____

Signature: _____

Printed Name: _____

Date: _____, 20____