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: AFFIDAVIT SUPPORTING MOTION
FOR GRANT OF CONFIDENTIALITY

1. I am the Next Friend in this case.

2. I am an adult (18 years old or older).

3. The Petitioner Minor is a victim of domestic abuse. I believe that more acts of domestic abuse will be committed against the Minor if information about where the Minor lives 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 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: _____

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____