

# CIVIL COVER SHEET

This civil cover sheet and the information contained herein neither replaces nor supplements the filings and service of pleadings or other papers as required by law. This form, approved by the Wyoming Supreme Court, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON THE SECOND PAGE OF THIS FORM)

## I. CAPTION

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Plaintiff Name and Current Address  
  
v.  
  
\_\_\_\_\_  
Defendant.

Docket # \_\_\_\_\_

## II. NATURE OF SUIT (Place an "X" in One Box Only)

GENERAL CIVIL			OTHER CIVIL
<b>CONTRACT</b> <ul style="list-style-type: none"><li><input type="checkbox"/> Business Organization Litigation</li><li><input type="checkbox"/> Com. Const. Contract Litigation</li><li><input type="checkbox"/> Contract Other (not Debt Collection)</li></ul>	<b>DISSOLUTION OF MARRIAGE</b> <ul style="list-style-type: none"><li><input type="checkbox"/> Divorce w/Minor Children</li><li><input type="checkbox"/> Divorce w/o Minor Children</li><li><input type="checkbox"/> Judicial Separation</li><li><input type="checkbox"/> Annulment</li></ul>	<b>PROBATE</b> <ul style="list-style-type: none"><li><input type="checkbox"/> Ancillary Admin/Foreign Prob</li><li><input type="checkbox"/> Decree of Title Distribution</li><li><input type="checkbox"/> Determination of Heirship</li><li><input type="checkbox"/> Letters of Administration</li><li><input type="checkbox"/> Estate Unspecified</li><li><input type="checkbox"/> Summary Probate</li><li><input type="checkbox"/> Testate/Intestate Estate</li><li><input type="checkbox"/> Will Only Filings</li><li><input type="checkbox"/> Trust Matters</li><li><input type="checkbox"/> Guardianship</li><li><input type="checkbox"/> Conservatorship</li><li><input type="checkbox"/> Guardian &amp; Conservatorship</li></ul>	<ul style="list-style-type: none"><li><input type="checkbox"/> Appointment/Removal of a Fiduciary</li><li><input type="checkbox"/> Arbitration Award Confirmation</li><li><input type="checkbox"/> Birth Certificate Amendment/Establishment</li><li><input type="checkbox"/> Debt Collection</li><li><input type="checkbox"/> Declaratory Judgment</li><li><input type="checkbox"/> Emancipation of Minor</li><li><input type="checkbox"/> False or Frivolous Lien</li><li><input type="checkbox"/> Foreign Judgment</li><li><input type="checkbox"/> Foreign Protection Order/Foreign Stalking Order</li><li><input type="checkbox"/> Forfeiture of Property</li><li><input type="checkbox"/> Governmental Action Environmental Case</li><li><input type="checkbox"/> Injunction</li><li><input type="checkbox"/> Material Witness/Foreign Subpoena</li><li><input type="checkbox"/> Name Change</li><li><input type="checkbox"/> Involuntary Hospitalization</li><li><input type="checkbox"/> Public Nuisance</li><li><input type="checkbox"/> Specific Relief</li><li><input type="checkbox"/> Structured Settlement Protection Act</li><li><input type="checkbox"/> Successor to Civil Trust Appointment</li><li><input type="checkbox"/> Transcript Judgment from Circuit Court</li><li><input type="checkbox"/> Writ of Habeas Corpus</li><li><input type="checkbox"/> Writ of Mandamus</li><li><input type="checkbox"/> Writ of Replevin</li><li><input type="checkbox"/> Unspecified</li><li><input type="checkbox"/></li></ul>
<b>TORT</b> <ul style="list-style-type: none"><li><input type="checkbox"/> PI or WD - Environmental or Toxic Tort</li><li><input type="checkbox"/> PI or WD - Fed Employer Liability Act</li><li><input type="checkbox"/> PI or WD - Medical Malpractice</li><li><input type="checkbox"/> PI or WD - Product Liability</li><li><input type="checkbox"/> PI or WD - Vehicular</li><li><input type="checkbox"/> Personal Injury Unspecified</li><li><input type="checkbox"/> Property Damage</li><li><input type="checkbox"/> Tort Unspecified</li><li><input type="checkbox"/> Wrongful Termination of Employment</li></ul>	<b>DOMESTIC RELATIONS</b> <ul style="list-style-type: none"><li><input type="checkbox"/> Custody/Parental Visitation</li><li><input type="checkbox"/> Grandparental Visitation</li><li><input type="checkbox"/> Paternity</li><li><input type="checkbox"/> Child Support/Parental Contribution</li><li><input type="checkbox"/> Child Support w/ Paternity</li><li><input type="checkbox"/> UIFSA w/Paternity</li><li><input type="checkbox"/> UIFSA</li><li><input type="checkbox"/> Dom Register Foreign Judgment</li><li><input type="checkbox"/> TPR State/DFS</li><li><input type="checkbox"/> TPR Family/Private</li></ul>	<b>ADOPTION</b> <ul style="list-style-type: none"><li><input type="checkbox"/> Adoption</li><li><input type="checkbox"/> Confidential Intermediary</li></ul>	
<b>CIRCUIT COURT</b> <ul style="list-style-type: none"><li><input type="checkbox"/> Small Claims</li><li><input type="checkbox"/> Forcible Entry and Detainer</li><li><input type="checkbox"/> Stalking Protection Order</li><li><input type="checkbox"/> Family Violence Protection Order</li></ul>	<b>PROPERTY</b> <ul style="list-style-type: none"><li><input type="checkbox"/> Property with Mineral Rights</li><li><input type="checkbox"/> Property w/o Mineral Rights</li></ul>		

## III. RELATED CASE(S) IF ANY (see instructions)

Docket No. \_\_\_\_\_ Judge \_\_\_\_\_ Court (if different) \_\_\_\_\_  
Docket No. \_\_\_\_\_ Judge \_\_\_\_\_ Court (if different) \_\_\_\_\_

## IV. \$ AMOUNT IN CONTROVERSY, (estimated) (see instructions)

\$ \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF ATTORNEY OF RECORD OR PRO SE LITIGANT

\_\_\_\_\_  
DATE

# INSTRUCTIONS FOR ATTORNEYS OR PRO SE LITIGANTS COMPLETING THE CIVIL COVER SHEET

## Authority for Civil Cover Sheet

The civil cover sheet and the information contained herein neither replaces nor supplements the filings and service of pleadings or other papers as required by law. This form, approved by the Wyoming Supreme Court, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. Consequently, a civil cover sheet is submitted to the Clerk of Court for each civil case filed. The attorney or pro se litigant filing a case should complete the form as follows:

**I. Caption.** Enter names of the plaintiff and defendant and the address for the plaintiff. If the plaintiff or defendant is a government agency, use only the full name or standard abbreviations. If the plaintiff or defendant is an official within a governmental agency, identify first the agency and then the official, giving both name and title.

**II. Nature of Suit.** Place an “X” in the appropriate box. ONE AND ONLY ONE BOX SHOULD BE CHECKED. If the nature of suit cannot be determined, because the cause of action fits more than one nature of suit, select the most determinative. Some descriptions may require clarification. See below:

### Contract Subtypes

Business Organization Litigation (Corporate, Partnership or L.L.C. dissolution or accounting)

Contract Other (not debt collection) (including Specific Performance but not Wrongful Termination)

### Property Subtypes

Property with Mineral Rights (e.g., Quiet Title, Ejectment)

Property w/o Mineral Rights (e.g., Adverse Possession, Condemnation, Easements, Ejectment, Gifts, Historic Preservation Rights, Quiet Title, Solar Rights, Survivor Rights, Title, Trust, Unclaimed Property, Uniform Transfer to Minors, Property Conveyance including Mortgages and Deeds of Trust)

### Tort Subtypes

PI or WD = Personal Injury or Wrongful Death

Personal Injury Unspecified (e.g., slip and fall, defamation, assault, battery, intentional infliction of emotional distress, false imprisonment, invasion of privacy)

Property Damage (e.g., negligence, trespass, nuisance)

Tort Unspecified (e.g., fraud, restraint of trade, conversion, replevin)

Wrongful Termination of Employment (sounding in Contract, Title VII, ADEA, or Breach of Implied Covenant of Good Faith and Fair Dealing)

### Domestic Relations Subtypes

A petition containing a child support action should be labeled a child support case even if other actions (i.e., custody, visitation, paternity) are included in the petition.

**III. Related Cases.** This section is used to reference related cases, if any. If there are related cases, involving the same parties or children, insert the docket numbers and the corresponding judge names for such cases.

**IV. \$ Amount in Controversy.** In this space, enter the dollar amount (in thousands of dollars) being demanded or indicate other demand such as preliminary injunction.

**Attorney or Pro Se Litigant Signature and Date.** Sign and date the civil cover sheet.

INSTRUCTIONS FOR APPLYING  
FOR A  
DOMESTIC VIOLENCE PROTECTION ORDER  
IN WYOMING

***Petitioning the court for a Domestic Violence Protection Order does not guarantee your safety or that the alleged abuser or Respondent will comply with the terms if such an order is granted. Domestic Violence Orders should not be sought unless an act of domestic abuse as defined by the law exists.***

***“Domestic abuse” means the occurrence of one (1) or more of the following acts by a household member but does not include acts of self defense: (A) Physically abusing, threatening to physically abuse, attempting to cause or causing physical harm or acts which unreasonably restrain the personal liberty of any household member; (B) Placing a household member in reasonable fear of imminent physical harm; or (C) Causing a household member to engage involuntarily in sexual activity by force, threat of force or duress. See the definition section for a qualifying household member.***

*For help in developing a safety plan or about protection orders and how to get one, contact your local domestic violence program (see Crisis Intervention in the Yellow Pages) or call the Wyoming Coalition Against Domestic Violence and Sexual Assault at (844)264-8080 (toll free) or (307) 755-0992 or Wyoming Division of Victim’s Services at (888) 996-8816 or the National Domestic Violence Hotline at (800) 799-SAFE (7233) or (512) 453-8117 (multi-lingual advocates are available); TTY: (800) 787-3224.*

**Definitions for Order of Protection**  
**Domestic Violence Protection Act**  
**Wyo. Stat. § 35-21-102**

(i) “Adult” means a person who is sixteen (16) years of age or older, or legally married;

\*\*\*

(iv) “Household member” includes:

- (A) Persons married to each other;
- (B) Persons living with each other as married;
- (C) Persons formerly married to each other;
- (D) Persons formerly living with each other as if married;
- (E) Parents and their adult children;
- (F) Other adults sharing common living quarters;
- (G) Persons who are the parents of a child but who are not living with each other; and
- (H) Persons who are in, or have been in, a dating relationship.

## **INSTRUCTIONS FOR COMPLETING THE PETITION FOR ORDER OF PROTECTION**

Numbers to these instructions correspond to the same numbers on the Petition For Order Of Protection Form. **READ THESE INSTRUCTIONS CAREFULLY.**

### **Top of page for Petition for Order Of Protection**

If you are filing this petition requesting the protection order, you are the **Petitioner**. **Respondent** is the person against whom an order is sought and the person alleged as the abuser.

**YOU MUST BE AS THOROUGH, COMPLETE, AND DETAILED AS YOU POSSIBLY CAN, BECAUSE THE COURT MAY DENY YOUR REQUEST IF THERE IS INSUFFICIENT INFORMATION.**

#### **1. Petitioner's information**

- Petitioner's Name: LAST NAME, FIRST NAME, MIDDLE INITIAL. **Petitioner's LAST name must be listed FIRST.**
- Petitioner's date of birth, race and sex must also be listed. The date of birth will be blacked out and kept confidential by the clerk.
- **Do NOT write your address here if you desire your whereabouts to remain undisclosed to the Respondent.** The court must be able to reach you by phone and mail, however, your safety also is very important. If you do not want the person to be restrained to know where you are, you can write in a friend's or relative's address and phone number in the spaces provided for you, the Petitioner. Be sure to get this person's permission first, and be sure the court can contact you with the provided information. If a friend or relative is not appropriate to use in your situation, and you still desire your whereabouts to remain confidential, you can write "confidential" in the provided spaces for your address and phone number. If you do this, be sure to give the court your address and phone number in a separate envelope marked "confidential". **All boxed areas must be filled in.** (The court shall, if requested by the Petitioner, order the address of the Petitioner and any children of the Petitioner and Respondent be kept confidential. **(Wyo. Stat. 35-21-105(e)).**

#### **2. Respondent's information**

- Please fill in this information to the best of your ability. It is important to provide as much information as possible about the person against whom you are seeking this order. The Respondent is also the alleged abuser.
- Make sure you provide the Respondent's full name (last, first and middle initial) and any other names used by the Respondent. The date of birth will be blacked

out and kept confidential by the clerk. If you do not know the person's date of birth, please give an approximate age. **All boxed areas must be filled in.**

- Be sure to list distinguishing marks, scars or tattoos and where they are located.
  - Also, if you know the Respondent's date of birth, vehicle identification number, driver's license number, military identification number, or identification card number, include them in your petition. This will assist in registering the information in the statewide registry and will promote enforcement of any violations of the protection order. The date of birth, driver's license number, military identification number or identification card number will be blacked out and kept confidential by the clerk.
3. • Please list the docket number, judge's name, and the court's name of court cases that are related to this action, if any.
4. **Wyo. Stat. § 35-21-101 through 35-21-112**
- Wyoming's Domestic Violence Protection Act provides laws you should be familiar with. A copy of these statutes may be found on the internet at <http://www.wyoleg.gov/StateStatutes/StatutesDownload>, or at most local libraries.
5. **City, County and State**
- Please indicate the City, County and State of your current residency on the first two lines provided. Also designate the City, County and State in which the acts of domestic abuse set forth in paragraphs eight (8) and nine (9) of the Petition for Order of Protection took place.
6. **Your relationship with the Respondent**
- It is important for the Court reviewing this petition to know the relationship between you and the Respondent. Please circle all the boxes which describe your situation. You must meet at least one of the described relationships in order to qualify for protection under this law.
7. **Children born of Petitioner and Respondent**
- If you and the Respondent are parents of the same children, list the children's full names, (last, first and middle), date of birth, race, female/male, with whom and where they are living at the present time. **Do NOT list the address of the children if you do not want the Respondent to know their whereabouts because of safety concerns.** (The court shall, if requested by the Petitioner, order the address of the Petitioner and any children of the Petitioner and Respondent to be kept confidential. **(Wyo. Stat. 35-21-105(e))**). Children's names and dates of birth will be blacked out by the court and kept confidential so only their initials and year of birth will be listed.

**8. Most recent incident of Domestic Abuse**

- Please describe in as much detail as possible the most recent incident in which you were threatened, hurt or restrained. **The more details you can provide such as day, place and time, witnesses, including minor children, the more helpful it is for the Judge to make a determination.** Try to use the Respondent's exact words when you were threatened with physical harm and describe any physical abuse in detail. For example, "On Sunday, March 15, 2002, at twelve midnight, Mark slapped my face with an open hand" rather than "On one Sunday this month Mark assaulted me." If weapons were involved, explain in detail.
- If the Respondent has a criminal history, a history of mental illness, substance and/or alcohol abuse, if prior protection orders have been issued and/or violated (include dates and case numbers if available), if threats have been made to take the children, if Respondent has threatened to commit suicide or to kill you, the children, or others put that information in your Petition.

**9. History of Domestic Abuse in your relationship**

- Please describe the incidents of domestic abuse which have occurred on prior occasions between you and the Respondent. Include any incidents that have included others, such as your children or any incidents involving injury to animals or destruction of property by the Respondent. Again, be as detailed as you can because the Judge will want to be informed about the history of abuse in your relationship with the Respondent. This may help the judge determine the risk of further abuse to you.

**10. Firearms Possessed by the Respondent**

- This information is essential not only for your safety, but for the safety of those involved in protecting you, including law enforcement. Again, be as specific as possible, listing any specific characteristics of the firearms and where they are located or stored, including which room in a home, if known. If any weapon was involved in the incident before the court, please describe.

**11. Asking Court for an "Ex Parte Order" and for additional relief in an "Order of Protection" (valid for a period of time not to exceed three years)**

- An Ex Parte Order (sometimes referred to as a "temporary" or "emergency" protection order) is an order which may be immediately available upon the filing of your petition "if it appears from the specific facts shown by the affidavit or by the petition that there exists a danger of further domestic abuse." The order is issued without giving the other party a chance to tell his or her side of the story and is only valid for a short amount of time, usually until a hearing takes place.

- Ex Parte Orders of Protection may not contain the same relief that you are requesting from the Court in your Petition. If you feel you need protection other than what is listed on the Ex Parte Order of Protection, you may ask for it by listing it in “other relief.” **For example, if you are concerned for your children’s safety or welfare pending a hearing, ask the judge to consider granting you Temporary Custody in the Ex Parte Order pending a hearing on the Order of Protection. (An Order of Protection, if granted, is valid for up to three years and may, under certain circumstances, be extended with the Court’s approval.)** Children’s names and dates of birth will be blacked out by the court and kept confidential so only their initials and year of birth will be listed.
- If you obtain an Ex Parte Order of Protection, you **MUST** appear at the hearing for an Order of Protection on the date and time scheduled by the Court **OR YOUR EX PARTE ORDER WILL AUTOMATICALLY EXPIRE.** There may be a domestic violence program in your area that can provide help.
- The Ex Parte Order, if granted, will be valid for up to seventy-two (72) hours or until as soon thereafter as the petition may be heard by the court. The judge will hold a hearing on the question of granting an Order of Protection (valid for up to three years).
- If an Ex Parte or Temporary Order of Protection is denied for a reason other than sufficiency of the petition, the court shall serve notice to appear upon the parties and hold a hearing on the Petition for Order of Protection within 72 hours after the filing of the petition or as soon thereafter as the petition may be heard by the court. Again, you **MUST** appear at the hearing in order for the Judge to consider granting your requested Order.
- If an Order of Protection is not granted, you have the right to re-file and provide additional information.
- **An Order of Protection** may be granted if you prove your allegations at the hearing. This Order of Protection is valid for a specific period of time, but not longer than three years (unless extended by the Courts).
- You **MUST** be prepared to prove your allegations at the hearing. At the hearing, the judge will allow both sides and attorneys, if any, a chance to speak. You may call witnesses and present evidence if you wish. If you have copies of medical records from seeking treatment for injuries caused by the alleged abuser or photographs of the injuries or damage to property, answering machine tapes or recordings of threats made by the alleged abuser against you or others close to you, bring them with you to the hearing. **Remember, the judge knows nothing about your case, except what you provide in court.**
- You may want to request the court require the Respondent to pay costs and fees incurred in bringing an action pursuant to this act including reasonable attorney's fees whether the attorney is court appointed or retained by Petitioner.

- If after the hearing, the judge issues an Order of Protection, it shall be effective for a fixed period of time not to exceed three years. Make sure any Order contains an expiration date.
- The Protection Order replaces the Ex Parte Protection Order if one was issued, but **cannot** modify, change or amend child custody, child support or property issues from previously entered Orders in other courts (i.e. Divorce Decrees or Paternity cases). If you have copies of any previous or current Orders from any Court involving you, the Respondent and/or any children listed, please provide those orders, the date issued and from which court they were issued.
- Protective Orders may provide for any and all the following demands, restraints and provisions stated in letters (A) through (O). Please check the box of any letter from (A) through (N) which you desire to obtain. Add any additional request in (O), if necessary. For example, if you are concerned the Respondent may cancel your mail service or insurance coverage, shut off your utilities or enter your residence, ask the judge to order him or her not to do these things.
- The order may be extended repetitively for good cause upon motion of the Petitioner for additional periods of time not to exceed one year each. The forms necessary to extend an Order of Protection are also available at the Clerk of Court's office and are usually part of the packet you receive when you request an Application for a Domestic Violence Protection Order. You may not extend an Order once it has expired, so, when possible, request an Extension at least 7 to 10 days prior to the current Order expiring.
- Next, you will need to sign the Petition for an Order for Protection in the presence of the Clerk of Court or in front of a notarial officer prior to having them file stamped and served on the Respondent. The Clerk or a notarial officer will also sign the petition to verify your signature.
- You are advised that perjury is a felony punishable by imprisonment or a fine or both. Be both honest and detailed in your Petition.
- Ask the Clerk of Court to give you **certified** copies of any Order of Protection, including an Ex Parte (Emergency or Temporary) Order of Protection if granted and the Order of Protection (valid for up to three years) when granted (usually after the hearing).
- Make as many copies as necessary for home, work, schools, daycare providers, etc. (if you were ordered temporary care and custody of the minor children or if the Respondent was ordered to have no contact or limited contact with the minor children).
- Carry a copy of any Order of Protection with you at all times.



# Information Sheet

PLEASE PRINT the name of the Petitioner. In addition, you must supply the following information for the Court's use. *Items indicated in BOLD and Italics are required.*

THIS PAGE IS CONFIDENTIAL AND RELEASED ONLY TO LAW ENFORCEMENT

**PETITIONER:** \_\_\_\_\_  
(LAST NAME) (FIRST NAME) (MI)

**CONTACT PHONE NUMBER:** \_\_\_\_\_

**OTHER NAMES USED BY PETITIONER** \_\_\_\_\_

Home Address \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Employment Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_ Race \_\_\_\_\_

Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Glasses \_\_\_\_\_

Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_ Facial Hair \_\_\_\_\_

Scars, Tattoos, other Markings \_\_\_\_\_

You may be required to provide certain sensitive information, including social security numbers, driver's license numbers, military identification numbers, identification card numbers, dates of birth and names of minor children. This information will be retained by the Court as part of the official record in this case. However, this information will be kept under seal, which means that it will not, under any circumstances, be made available to the public. While the file in this case may be accessed by the public, the public may only view a "**redacted**" copy of documents containing sensitive information. "**Redacted**" documents will not show social security numbers, driver's license numbers, military identification numbers, identification card numbers, dates of birth or names of minor children.

# Information Sheet

[HOJA DE DATOS PERSONALES]

PLEASE PRINT the name of the Respondent. In addition, you must supply the following information for the Court's use. **Items indicated in BOLD and Italics are required.** [POR FAVOR ESCRIBA el nombre del DEMANDADO A MÁQUINA O EN LETRA DE MOLDE. Además, usted debe proporcionar la siguiente información para el uso del Tribunal. Los datos indicados con REMARQUE o letra Cursiva son requeridos.]

**THIS PAGE IS CONFIDENTIAL AND RELEASED**  
**ONLY TO LAW ENFORCEMENT**

RESPONDENT:

[DEMANDADO]

(LAST NAME)

[APELLIDO]

(FIRST NAME)

[PRIMER NOMBRE]

(Middle Initial)

[INICIAL]

CONTACT PHONE NUMBER [NÚMERO DE CONTACTO TELEFÓNICO]:

Home Address [Domicilio]

Mailing Address (if different) [Dirección Postal (si diferente)]

Employment Address [Dirección de Empleo]

Date of Birth [Fecha de Nacimiento] \_\_\_\_\_ Gender [Género] \_\_\_\_\_ Race [Origen Étnico] \_\_\_\_\_

Age [Edad] \_\_\_\_\_ Height [Altura] \_\_\_\_\_ Weight [Peso] \_\_\_\_\_ Glasses [Lentes] \_\_\_\_\_

Hair Color [Color de Cabello] \_\_\_\_\_ Eye Color [Color de ojos] \_\_\_\_\_

Facial Hair [Cabello Facial] \_\_\_\_\_

Scars, Tattoos, other Markings [Cicatrices, Tatuajes, otras Señas] \_\_\_\_\_

Respondent's Vehicle Make [Marca del Automóvil del Demandado] \_\_\_\_\_

Year [Año] \_\_\_\_\_ Model [Modelo] \_\_\_\_\_ Color \_\_\_\_\_

State Licensed [Estado de Matricula] \_\_\_\_\_

License Number [Número de Placa] \_\_\_\_\_

Firearms owned or ammunition in posesión of Respondent [Armas de fuego o munición en posesión del Demandado]

This form requires you to provide certain sensitive information, including social security numbers, driver's license numbers, military identification numbers, identification card numbers, dates of birth and names of minor children. This information must be provided and will be retained by the Court as part of the official record in this case. However, this information will be kept under seal, which means that it will not, under any circumstances, be made available to the public. While the file in this case may be accessed by the public, the public may only view a "**redacted**" copy of documents containing sensitive information. "**Redacted**" documents will not show social security numbers, driver's license numbers, military identification numbers, identification card numbers, dates of birth or names of minor children. [Este formulario exige que proporcione cierta información sensitiva, incluyendo números de seguro social, números de licencia de conducir, números de identificación militar, números de tarjetas de identificación, fechas de nacimiento y nombres de menores. Esta información debe ser proporcionada y será retenida por los tribunales como parte del historial oficial de este caso. Pero esta información se mantendrá bajo sello, lo que quiere decir que no estará, bajo ninguna circunstancia, a disposición del público. Aún cuando el expediente de este caso fuera expuesto al público, el público únicamente podrá mirar una copia "**redactada**" de los documentos que contienen información sensitiva. Documentos "**redactados**" no muestran números de seguro social, números de licencia de conducir, números de identificación militar, números de tarjetas de identificación, fechas de nacimiento o nombres de menores.] Updated 06/11 Translated 03/12 by J. Flores

---

Circuit Court of the Ninth Judicial District,  
County of Teton, State of Wyoming

---

Name: \_\_\_\_\_

*Petitioner,*

vs.

Case No. \_\_\_\_\_

Name: \_\_\_\_\_

*Respondent.*

---

**PETITION FOR ORDER OF PROTECTION**

---

**UNDER THE WYOMING DOMESTIC VIOLENCE PROTECTION ACT, THE PETITIONER AND THE RESPONDENT MUST BE "HOUSEHOLD MEMBERS" AS SET FORTH IN PARAGRAPH 6, BELOW.**

1. **PETITIONER'S LAST NAME, FIRST, MIDDLE INITIAL**

(Print)

\_\_\_\_\_  
Address (Optional)

\_\_\_\_\_  
City & State (Optional)

\_\_\_\_\_  
Telephone Number (Optional)

☐

Check here if the Petitioner is requesting the court to order the address of the Petitioner and any children of the Petitioner and Respondent be kept confidential.

OTHER NAMES USED BY PETITIONER \_\_\_\_\_

DOB  RACE  GENDER

HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ EYE COLOR \_\_\_\_\_ HAIR COLOR \_\_\_\_\_

**\* NOTE: ALL BOXED AREAS ON PAGE 1 & 2 MUST BE FILLED IN.**

2. **RESPONDENT'S LAST NAME, FIRST NAME, MIDDLE INITIAL**

(Print)

Address

Mailing Address (if different)

City & State

Telephone Number

DOB

RACE

GENDER

HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ EYE COLOR \_\_\_\_\_ HAIR COLOR \_\_\_\_\_

EMPLOYER \_\_\_\_\_

DRIVER'S LICENSE # \_\_\_\_\_

STATE OF ISSUE \_\_\_\_\_

VEHICLE LICENSE # \_\_\_\_\_ STATE OF ISSUE \_\_\_\_\_

MILITARY ID # \_\_\_\_\_ IDENTIFICATION CARD # \_\_\_\_\_

STATE OF BIRTH \_\_\_\_\_

OTHER NAMES USED BY RESPONDENT \_\_\_\_\_

HAS THE FOLLOWING DISTINGUISHING MARKS, SCARS, TATTOOS,  
LOCATED:

3. CASE(S) RELATED TO THIS ACTION, IF ANY

Docket No. \_\_\_\_\_ Judge \_\_\_\_\_ Court (if different) \_\_\_\_\_

Docket No. \_\_\_\_\_ Judge \_\_\_\_\_ Court (if different) \_\_\_\_\_

4. This Petition is filed pursuant to Wyoming's Domestic Violence Protection Act, WYO. STAT. ANN. §§ 35-21-101 to 112.

5. I, the above-named Petitioner, am a resident of \_\_\_\_\_ County, State of \_\_\_\_\_.

The acts of domestic abuse set forth in paragraphs 8 & 9 below took place at the following location(s) (designate city, county, and state):

6. My relationship with the Respondent is as circled below:

- ☐ We are married to each other.
- ☐ We are living with each other as if we are married.
- ☐ We were formerly married to each other.
- ☐ We formerly lived with each other as if married.
- ☐ I am a parent of the Respondent.
- ☐ I am an adult sharing common living quarters with the Respondent.
- ☐ Respondent and I are parents of a child(ren) and are not living with each other.
- ☐ I am an adult child of the Respondent.
- ☐ We are in a dating relationship.
- ☐ We have been in a dating relationship.

7. Respondent and I are parents of the following minor children (state names and ages of each child, and where that child is presently living and with whom the child is presently living):

Child's Last, First, Middle Name	Date of Birth	Race	Sex	Living With

8. On or about (date) \_\_\_\_\_, \_\_\_\_\_, Respondent (specifically describe the facts upon which the alleged domestic abuse is based):

---

---

---

---

---

---

---

---

---

---

9. Respondent has committed acts of domestic abuse against me on prior occasions.

Examples are described below:

---

---

---

---

---

---

---

---

---

---

10. List all firearms and ammunition currently possessed by the Respondent:

---

---

---

---

Describe any weapons used in the incident described above:

---

---

---

---

11. I ask this Court to issue an Ex Parte Order of Protection, set the same for hearing, and after hearing this Petition, issue an initial Order of Protection not to exceed three years. I ask the Court to grant the following relief in the Ex Parte Order of Protection and the Order of Protection (check as appropriate):

- ☐ (A) Order Respondent that he/she shall not physically abuse me, threaten to physically abuse me or do any act which unreasonably restrains my personal liberty, directly or indirectly.
- ☐ (B) Order Respondent to stay away from me, from my place of residence, from my place of employment and stay away from any location where I may be.
- ☐ (C) Give me possession of the residence and order Respondent to vacate said residence if he/she is still in possession of said residence.
- ☐ (D) Order Respondent to provide me with suitable alternative housing.

- ☐ (E) Grant me temporary legal custody of the following child(ren):

---

---

- 
- ☐ Please check box if custody and/or visitation have been determined in another Court.
- ☐ (F) Prohibit the Respondent from abducting, removing or concealing the child(ren) from me.
- ☐ (G) Order Respondent to pay me the sum of \$\_\_\_\_\_ per month as child support.  
☐ Please check box if child support has been previously determined in another Court.
- ☐ (H) Decide whether or not Respondent should have visitation privileges with said child(ren).
- ☐ (I) Order Respondent to pay me temporary support in the sum of \$\_\_\_\_\_ per month.
- ☐ (J) Order Respondent to pay medical costs incurred by me as a result of the abuse inflicted by the Respondent. (Bring medical bills if available.) (Attach sheet if necessary.)
- 
- 
- 

- ☐ (K) Order Respondent not to transfer, conceal, encumber or otherwise dispose of my property or property accumulated by us jointly, while we were married and/or living together.
- ☐ (L) Appoint an attorney to assist and advise me under WYO. STAT. ANN. § 35-21-103(e).
- ☐ (M) Order the Respondent to pay my attorney fees.
- ☐ (N) Order a commercial mobile services provider (as defined in 47 U.S.C. sec. 332 (d)) to transfer to the Petitioner the sole right to use and sole financial responsibility for a mobile telephone number(s) used by the Petitioner or a minor child in the Petitioner's custody, and terminate in the provider's system the Respondent's ability to use and to access any data associated with the mobile telephone number(s). A provider may apply any customary requirements for establishing an account and transferring a mobile telephone number(s).

\_\_\_\_\_ ☐ The mobile number(s) to be transferred: \_\_\_\_\_

\_\_\_\_\_ ☐ Name of commercial mobile services provider: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ ☐ Current account holder (Respondent's name): \_\_\_\_\_

\_\_\_\_\_ ☐ Contact information for current account holder: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ ☐ Account to be transferred to (Petitioner's name): \_\_\_\_\_

\_\_\_\_\_ ☐ Contact information for new account holder: \_\_\_\_\_

Order the following:

---



---



---



---



---



---

Dated \_\_\_\_\_

---

PETITIONER

STATE OF WYOMING )  
 ) ss  
COUNTY OF )

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Witness my hand and official seal.

(SEAL)

CLERK OF COURT/NOTARIAL OFFICER

My commission expires: \_\_\_\_\_