

STATE OF WYOMING)
) ss.
COUNTY OF _____)

IN THE DISTRICT COURT
_____ JUDICIAL DISTRICT

IN RE NAME CHANGE OF)
)
_____)
(minor child's **current** full name))
)
Minor Child, By Next Friend,)
)
_____)
(Petitioner's full name))

Civil Action Case No. _____

REQUEST TO SET MINOR'S NAME CHANGE HEARING

Petitioner, (current full name) _____, respectfully request a hearing be set regarding the above-captioned matter for a *Petition for Name Change of Minor Child*.

Time requested: Hours _____ Mins _____ Court Reporter needed: Yes / No ?

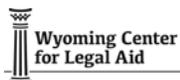
Any party requesting the reporting of a particular matter by the official court reporter shall make a request by phone to the appropriate official court reporter at least **three (3) working days** before the matter is set for hearing. The clerk will be able to inform you which court reporter to contact. The three-day notice requirement will not be waived by the Court. The notice is required for all civil matters including jury trials. Payment of the statutory reporting fee of \$45.00 per day shall be paid to the official court reporter prior to the commencement of the hearing/trial. Checks for the statutory reporting fee shall be made payable to the Wyoming State Treasurer. If a hearing is not recorded by an official court reporter, a transcript of the hearing will not be available. It is very difficult to appeal the Judge's decision if you do not have a transcript of everything that is said at the trial. Rule 904 and 905 of the Uniform Rules of the District Courts of the State of Wyoming.

DATED this _____ day of _____, 20_____.

Signature

Phone Number: _____

Address: _____



CERTIFICATE OF SERVICE

I certify that on _____ (date) the original of this document was filed with the Clerk of District Court; and, a true and accurate copy of this document was served on each of the following:

Must be sent to every respondent (or to their attorney, if represented) who filed an Answer.

Respondent/Respondent's Attorney's Name and Address	Method of Service
	<input type="checkbox"/> Hand Delivery <input type="checkbox"/> Faxed to this number: _____ <input type="checkbox"/> Placed in United States Mail
	<input type="checkbox"/> Hand Delivery <input type="checkbox"/> Faxed to this number: _____ <input type="checkbox"/> Placed in United States Mail
	<input type="checkbox"/> Hand Delivery <input type="checkbox"/> Faxed to this number: _____ <input type="checkbox"/> Placed in United States Mail
	<input type="checkbox"/> Hand Delivery <input type="checkbox"/> Faxed to this number: _____ <input type="checkbox"/> Placed in United States Mail

Your signature

Print name