



Wyoming Guardian *ad Litem* Program

A DIVISION OF THE OFFICE OF THE STATE PUBLIC DEFENDER

PH. (307) 777-7480 FAX (307) 777-5331 WEBSITE: GAL.WYO.GOV

316 W 22ND ST. ROGERS BUILDING CHEYENNE, WY 82002

BFY 17-18 GAL Application

Contract dates: July 1, 2016- June 30,2018

Guardian ad Litem services in Abuse/Neglect, CHINS, and Delinquency cases.

All attorneys who contract with the Guardian *ad Litem* Division are independent contractors. All applicants understand that prior to engagement as an independent contractor for the Division; the parties will enter into a separate written contract setting forth the duties and responsibilities of the parties. Submission of an application does not guarantee a contract. Applicants will be reviewed and contract decisions will be made following a review of the applications and materials submitted.

Said contract is at-will and can be terminated at any time, with or without cause.

Applications should be sent directly to the Division at the address above and are available on the Division website at gal.wyo.gov. You may still be considered in the application process even if you do not have the required training as outlined in the Division Rules. There will be a time to obtain the training before the contract term begins. Please be familiar with the Division Rules before application, as you will be held to these standards if granted a contract with the Division.

If you have any questions regarding this application form, please contact Denise Herman at 307-777-2451. Thank you in advance for being committed to quality representation for Wyoming children! Any information in this application is Confidential.

I am applying for a renewal contract and am currently a contracted GAL in

_____ County.

I am applying for a new GAL contract in _____ County.

PART ONE: ALL applicants must fill out this section.

First Name:

Last Name:

Street Address:

Home:

Cell:

Email:

Bar Number:

Will you be contracting under a firms name?

Yes

No

If so list name:

I am interested in a contract with the Office of the Public Defender GAL Division...

That is part-time.

That is full time.

Either of the above contract pay options.

1. How many years have you been engaged in the practice of law?
2. How many years have you been engaged in the practice of juvenile law?
3. I have _____ years of experience working as a Guardian ad Litem.
 - 3a. Please describe your experience below.

4. Have you ever been publicly disciplined, suspended or disbarred from the practice of law in Wyoming or any other state? If so, please describe the circumstances involving the discipline which you received, and the time period in which you received discipline. Attach additional sheets if necessary.

5. Are you or is anyone in your firm currently contracted or employed with the Office of the State Public Defender?

Yes

No

If so, please list the name of the firm and individual(s).

CERTIFICATION: (please initial each line)

_____ I understand the Division Director has the sole discretion to select any applicant. Pursuant to the Division Rules, all pertinent factors will be considered by the Division Director and Office of the Public Defender in the identification and selection of the Attorney *Guardian ad Litem* to be contracted with.

_____ I understand if I am granted a contract for GAL services, **I will be an at-will independent contractor and my contract can be terminated at any time, without cause.**

_____ I understand that I will be required to meet with every child I am appointed to represent in their home or in placement if they are ordered into out of home placement, within 30 days of appointment.

_____ I understand that I will be required to attend all court hearings and MDTs for the clients to which I am assigned: and if I am not able to attend, I will obtain a reliable substitute (contracted with the GAL Division) who is knowledgeable about the case and can zealously advocate for the best interests of the child.

_____ I certify that I have a working knowledge of the Wyoming Juvenile Rules, the Wyoming Rules of Evidence, Program Rules and Regulations, and am competent to try a juvenile case.

Signature

Printed Name:

Date:

PART TWO: RENEWAL

**Only those GALs who have a contract with the Division should complete this section. New applicants can skip to section three.*

1. Will there be any changes to your contract name, address, or will you be switching from SSN to EIN or visa-versa? If so, please list any changes in the box below.

PART THREE: NEW APPLICANTS

**Please remember to enclose a current resume and cover letter addressed to Dan Wilde, Division Director.*

Please describe any experience you may have in any of the following areas: Jury Trials, Bench Trials, Motions Practice, and or Trial Advocacy Training.

This next section will be for contract payment purposes. It is important to list the EIN or SSN, and corresponding information that you intend to use for that purpose.

Will you be contracting under an EIN number or SSN number?

EIN/SSN (please do not list both-one or the other) :

Are you registered as a vendor with the State of Wyoming?

If so, please list name :

Name you will be contracting under:

Contract Address:

Areas of practice:

Any Additional comments: