



Wyoming Guardian *ad Litem* Program

A DIVISION OF THE OFFICE OF THE STATE PUBLIC DEFENDER

Rogers Building, 316 West 22nd Street, CHEYENNE, WY 82002

P: 307.777.7480 - F: 307.777.5331

gal.wyo.gov

Matthew H. Mead

GOVERNOR

Dan S. Wilde

Director

BFY 15-16 GAL APPLICATION

Contract dates: July 1, 2014 – June 30, 2016

For the provision of GAL services in abuse/neglect, CHINS and delinquency cases.

All attorneys who contract with the Wyoming Guardian *ad Litem* Program are independent contractors. All applicants understand that prior to engagement as an independent contractor for the Program, 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 Program at the address above and are available on the Program website at gal.wyo.gov. **If you are applying to renew your contract, please fill out ONLY Parts I and II.**

You will not be considered in the application process unless you have completed the required training outlined in the Program Rules. Please be familiar with the Program Rules before application, as you will be held to these standards if granted a contract with the Program.

If you have any questions regarding this application form, please contact the Program Director at 307-777-7480. Thank you in advance for being committed to quality representation for Wyoming children! *These applications are confidential.*

Sincerely,

Dan S. Wilde, Program Director

Note: Please indicate here if you are a current GAL on the GAL Panel and applying for a renewal contract (Please do not check the box if you do not currently have a contract with the Office of the Public Defender). (This does not include conflict panel and pro bono panel GALs.):

I am applying for a renewal contract and am currently a contracted GAL on the GAL Panel.

PART ONE – ALL applicants must fill out this section.

Last Name: <input type="text"/>		First Name: <input type="text"/>	
Street Address: <input type="text"/>		City, State, Zip: <input type="text"/>	
Home: <input type="text"/>	Cell: <input type="text"/>	Fax: <input type="text"/>	
Work: <input type="text"/>	E-Mail Address: <input type="text"/>	Bar Number: <input type="text"/>	
Languages Spoken (other than English): <input type="text"/>		Fluency (on a 1-10 scale): <input type="text"/>	

I am interested in a contract with the Office of the Public Defender GAL Program:

- That is part-time.
- That is full-time, meaning I cannot take any private cases outside of the GAL Program assignments.
- Either of the above contract pay options.

CERTIFICATION: (please initial each line)

_____ I understand the Program Director has the sole discretion to select any applicant. Pursuant to the Program Rules, all pertinent factors will be considered by the Program 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. *Please see the Program Policy on Meeting With Clients.*

_____ 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 (on the GAL Panel) who is knowledgeable about the case and can zealously advocate for the best interests of the child.

_____ I am able to participate in all aspects of a client's case including any termination of parental rights proceeding or appeal. If I am not able to do so, I will notify the Program Director of the need for substitute counsel.

_____ 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.

Dated: _____

Name:

(please type or print)

Signature: _____

PART TWO: RENEWAL CONTRACTS*

**ONLY those GALs who have a contract with the Program should complete this section. New applicants, please skip part two and complete part three.*

1. Has your employment, address, e-mail, business name or EIN# changed?

If so, please list:

2. Have you been publicly disciplined, suspended or disbarred from the practice of law in Wyoming or any other state within the last two years? If so, please describe the circumstances which led up to the discipline, the form of discipline which you received, and the time period in which you received discipline. Attach additional sheets if necessary.
Confidential.

3. Are there other attorneys at your firm that are on the GAL Panel or have applied to be on the GAL Panel? If so, who?
4. Are you or other attorneys at your firm contracted or employed with the Public Defender's Office as a Public Defender? If so, who?
5. *No cover letter and resume required.*

PART THREE – NEW APPLICATIONS*

**ONLY NEW applicants fill out part three.*

1. How many years have you been engaged in the practice of law:

2. I have years of experience working as a *Guardian Ad Litem*. Please describe your experience below.

3. Were you previously on the Wyoming GAL Program Panel? If so, please explain why you are not currently on the list. (i.e termination of contract, moved out of state, etc.)

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

5. Are you or is anyone in your firm currently contracted or employed with the Public Defender's Office as a Public Defender? If so, who?

6. 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. *Confidential.*

7. Current Employment (This 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.):

Business Name (if not self-employed): <input style="width: 95%; height: 30px;" type="text"/>	Address: <input style="width: 95%; height: 30px;" type="text"/>	City, State, Zip: <input style="width: 95%; height: 30px;" type="text"/>
EIN (of SSN if we are paying you individually): <input style="width: 95%; height: 30px;" type="text"/>	Areas of Practice: <input style="width: 95%; height: 30px;" type="text"/>	Other Attorneys at Your Firm on the GAL Panel: <input style="width: 95%; height: 30px;" type="text"/>

8. **Please remember to enclose a current resume and cover letter addressed to the Program Director.**