



# Wyoming Guardian *ad Litem* Program

A DIVISION OF THE OFFICE OF THE STATE PUBLIC DEFENDER

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## Certification of Compliance: GAL Program Rules

In accordance with GAL Program Rules, this form must be signed and submitted by e-mail or mail to the Division Accountant [denise.herman@wyo.gov](mailto:denise.herman@wyo.gov) no later than the 15th day of each month. Faxed certifications will not be accepted. Failure to submit this certification may result in with-holding of contract payments, removal from GAL Program Panels, or termination of contract or employment with the GAL Program. Please initial each statement and sign document before submitting.

I hereby certify that during the month indicated below, I have read and understand the GAL Program Rules and Regulations and the GAL Program Policies and Procedures; and in accordance with such, I have completed the following:

\_\_\_\_\_ I have identified and understand my role as a GAL in each of my cases.

\_\_\_\_\_ I have met with all of my clients within thirty (30) days of a case opening and within thirty (30) days of each placement change; and have observed my clients' interactions with their caregivers in their placement.

\_\_\_\_\_ I attended all hearings and MDTs held via the following:

- I attended all in-person.
- I attended all by phone or video.
- I attended some by phone or video and some in-person.
- I did not attend any hearings or MDTs.
- I did not have any hearings or MDTs this month.

\_\_\_\_\_ I counseled all of my clients pursuant to my ethical obligations in compliance with the GAL Program Rules.

\_\_\_\_\_ I have personally obtained information about these clients, the circumstances that led to the filing of their petitions, and have independently investigated their cases.

\_\_\_\_\_ All of my clients *if* of suitable age, maturity level, and case-complexity were present at all of their court hearings and MDTs.

\_\_\_\_\_ I have researched and considered all alternatives before making any recommendations for out-of-home placements for my clients.

\_\_\_\_\_ If one of my clients were placed in an out-of-state facility, I complied with Wyoming Statute § 21-13-315 before making the recommendation.

\_\_\_\_\_ I reviewed all the court orders in my cases for compliance with the law.

\_\_\_\_\_ I have monitored and advocated for timely implementation and closure of GAL Program cases to which I am appointed and have submitted closure memos within ten (10) days of the proceeding being closed or dismissed.

\_\_\_\_\_ I have made independent recommendations with an emphasis on community services in GAL Program cases to which I am appointed.

\_\_\_\_\_ I have independently identified and advocated for appropriate family and professional resources for my clients and their families.

\_\_\_\_\_ I have conducted conflict checks on GAL Program cases to which I am appointed and no conflict exists in representing these clients.

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Printed Name of Attorney

Signature of Attorney

Date

Matthew H. Mead  
Governor

Diane M. Lozano  
State Public Defender

Dan S. Wilde  
Deputy