



# Wyoming Guardian *ad Litem* Program

A DIVISION OF THE OFFICE OF THE STATE PUBLIC DEFENDER

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316 W 22<sup>ND</sup> ST. ROGERS BLDG.-BASEMENT CHEYENNE, WY 82002

## Program File Access Request

In accordance with GAL Program Policy N: Retention of Files, this form must be submitted to the GAL Deputy for review and approval prior to access of a client-file currently in the possession of the GAL Division.

Requester: Please complete each section thoroughly and submit through mail or email to the Wyoming GAL Division for approval. You will be notified of the results of your request within one week of submission, with instructions on how to receive the file you have requested.

Please note, in accordance with GAL Program Policy N: Retention of Files, a written, notarized, release from the client is required when an attorney not currently or previously employed or contracted with a GAL Program Panel, or any other individual, party or not party to the case, wish to see a client-file.

### SECTION ONE: REQUESTER INFORMATION

Name:		Date:	
File Requested:			
Relationship to Client:	<input type="checkbox"/> Self (proceed to section 3) <input type="checkbox"/> Other (proceed to section 2)		

### SECTION TWO: REASON FOR REQUEST

Please describe your relationship to the client:	
Please explain your reason for requesting the client-file:	
I have attached a written notarized consent to this form: <input type="checkbox"/> Yes <input type="checkbox"/> No, this is not required.	

### SECTION THREE: SIGNATURE & APPROVAL

Requester Signature		Date	
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<input type="checkbox"/> Access Request Approved	Program Approval	
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<input type="checkbox"/> Access Request Denied	Reason	
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