



Wyoming GAL Program

GAL Program Conflict List Form

Personal Information

Full Name:
Last First M.I.

Address:
Street Address

City State ZIP Code

Work Phone: () Alternate Phone: ()

E-mail Address:

Social Security Number or Firm EIN #:

Bar #: County:

Firm/Corp Name:

Certification (please initial each line)

- I understand the Program Director has the sole discretion to accept or reject any application or conflict list form.
- I understand if I am given a fee agreement for GAL services, **I will be an at-will, independent contractor and my agreement can be terminated at any time, without cause, even if my duty to remain on the case continues.**
- I believe that I can 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 believe I am capable of attending all court hearings and MDTs for the children to which I am appointed; 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 whom I am appointed to represent.
- I believe that I am able to participate in all aspects of a child'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.
- I certify that I have completed the requisite number of training hours to act as a GAL.
- I understand that by being placed on the conflict list, I have no right or expectation to receive a case appointment or pay.

Dated: _____

Name: _____
(please type or print)

Signature: _____