



Wyoming Guardians *Ad Litem* Program

Empowering youth & families through legal advocacy.

Program File Access Request

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

Requester: Please complete each section thoroughly and submit through mail to the Wyoming GAL Program for approval. You will be notified of the results of your request within 1 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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Assigned AA Number