



# Wyoming Guardians *Ad Litem* Program

Empowering youth & families through legal advocacy.

## Request for Appointment of New GAL

In accordance with *GAL Program Policy D: Attorney-Client Conflicts of Interest*, this form must be submitted to the GAL Program Administrator prior to withdrawing from a Gal Program Case due to a conflict of interest arising after your representation to the case has been undertaken.

Requester: Please complete each section thoroughly and submit through mail or via hand-delivery to the Wyoming GAL Program Administrator for routing and approval. You will be notified within 1 week of submission. At which time the GAL Program will maintain representation of the client and assign a new GAL to the case and shall file a Notice of Substitution with the court.

### SECTION ONE: REQUESTER INFORMATION

Name:		Submission Date:	
Client Name:		Client Docket:	

### SECTION TWO: CASE INFORMATION

Type of Case:			
Date Appointed:			
Judge:			
County:			
Justification: <i>Describe the conflict.</i>			
I hereby certify that my withdrawal from representation of this client can be accomplished without material adverse effect on the interests of the client. Upon termination of representation, I agree to take steps to the extent reasonably practicable to protect this client's interests.			
Printed Name:			
Signature:		Date:	

### SECTION THREE: REVIEW & APPROVAL

Program Approval of Substitution:		Date:	
-----------------------------------	--	-------	--

<input type="checkbox"/> Substitution Request Denied	Reason:	
--	---------	--

Name of New GAL Appointed	Notice of Substitution Filed

Assigned WA Number