

STATE OF WYOMING)
) ss
COUNTY OF _____)

IN THE DISTRICT COURT
_____ JUDICIAL DISTRICT

Plaintiff/Petitioner: _____ ,)
 (Print name of person filing))
)
vs.)
)
Defendant/Respondent: _____ .)
 (Print name of other party)

Civil Action Case No. _____

AFFIDAVIT TO ALLOW SERVICE BY PUBLICATION

STATE OF WYOMING)
) ss.
COUNTY OF _____)

The Plaintiff/Petitioner, being duly sworn upon her/his oath and being of lawful age, states and alleges as follows:

1. I am the Plaintiff/Petitioner in the above referenced matter. Service of a *Summons* cannot be made within this state on the Defendant/Respondent.

2. The Defendant/Respondent's address is: _____

NOTE: Immediately after the first publication, you must deliver to the Clerk of District Court a copy of the publication notice and an envelope to be sent by certified mail/restricted delivery addressed to Defendant with proper postage. The Clerk shall then mail the notice and make an entry on the appearance docket. (Rule 4(f) Wyoming Rules of Civil Procedure);

OR

The Defendant/Respondent's address is unknown and cannot with reasonable diligence be ascertained. Publication is allowed in this family law matter pursuant to Rule 4(e)(9) Wyoming Rules of Civil Procedure. I have made the following efforts to obtain the Defendant/Respondent's address:

I have called him/her and the telephone number is disconnected and directory assistance has no other telephone number.

I have written the Defendant/Respondent and my letter was returned [a copy is attached].

I have contacted the Defendant/Respondent's known relatives and they cannot supply a current address.

Other: _____.

3. I am requesting service by publication in this action pursuant to Rule 4 (e) (9) of the Wyoming Rules of Civil Procedure.

FURTHER, I swear under penalty of perjury that the information I have provided on this form is true and correct.

DATED this ____ day of _____, 20__.

Signature
Printed Name: _____
Address: _____
Phone Number: _____

Subscribed and sworn to before me on this ____ day of _____, 20 ____.

WITNESS my hand and official seal.

Notarial Officer

My commission expires: _____