WYCAI-2
(REV. 1/27/11)

STATE OF WYOMING)
) SS
COUNTY OF _____)

IN THE DISTRICT COURT

_____ JUDICIAL DISTRICT

IN THE MATTER OF THE ADOPTION OF)
)
)
)
)
_____)

CASE # _____

BIRTH PARENT'S AFFIDAVIT AND PETITION TO APPOINT A CONFIDENTIAL INTERMEDIARY PURSUANT TO W.S. 1-22-203(b)

_____, being first duly sworn, on oath, petitions and says:
(name of petitioner)

My telephone numbers are: (home) _____(work) _____

(cell) _____. E-mail address_____

Mailing address_____.

My birth son/daughter was born in _____on
(city/county)
_____ and is 18 years of age or older.
(date of birth)
Date of relinquishment:_____City/County_____

Birth parents' names at the time of relinquishment: _____

The adoption was finalized in _____Unknown _____
(City/County)

The name of my birth son/daughter at time of birth: _____

Adoptive parents' names, if known: _____

I know the following about my birth son's/daughter's adoptive family:_____

_____

_____

I am seeking my birth son/daughter because: _____

_____

_____

I, therefore, petition this court and respectfully request that an order be entered appointing a confidential intermediary, pursuant to W.S. 1-22-203(b) and that the confidential intermediary be allowed to inspect and copy, at the petitioner's expense, the pertinent adoption files of the court, governmental agencies, adoption agencies and hospitals.

DATED this _____day of _____, 20 _____.

_____
(Petitioner's signature)

SUBSCRIBED AND SWORN to before me this _____ day of _____, 20_____.

My commission expires:

_____

_____
NOTARY PUBLIC OR DEPUTY CLERK OF COURT