

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(1)(2)(B) 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(k)(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(1) 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: \_\_\_\_\_