



WYOMING DEPARTMENT OF CORRECTIONS	WDOC Form #344.1	Page 1 of 1
	Appeal of Denial of Request for Restoration of Rights Certificate	Last Revised: 06/23/2025
POLICY REFERENCE:	3.405, <i>Restoration of Rights</i>	

Name:	
DOB:	
Name Convicted Under:	
Requester's Address:	
Requester's Mailing Address: (Where the response to this request will be received)	
Phone Number:	
Date Restoration of Rights Denied:	
Please provide a short statement regarding why you believe your request was denied in error: (Or attach statement)	

Submission of this signed appeal authorizes the Wyoming Department of Corrections to further review denial and perform additional criminal history check(s) to confirm eligibility. Please send the completed form to the Wyoming Department of Corrections, Attn:

Restoration of Rights Coordinator, 1934 Wyott Drive, Suite 100, Cheyenne, WY 82009

I hereby certify, under penalty of false swearing (a felony under *W.S. § 6-5-303*), the above information to be true, that I have not been convicted of any other felony not listed above, and that the above felony is not a violent crime as defined herein.

Signature of Requester

Date

Please attach any supporting documentation you feel would be applicable or would like to be considered.