

RESOLUTION # \_\_\_\_\_

**“RESOLUTION APPOINTING A MEMBER TO THE LARAMIE COUNTY  
COMMUNITY JUVENILE SERVICES JOINT POWERS BOARD”**

**BE IT RESOLVED** by the governing body of Laramie County, Wyoming, that Ross McKelvey, Office of the Public Defender, shall be and is hereby appointed as a member of the Laramie County Community Juvenile Services Joint Powers Board; to perform the duties of said Board according to law; for a three-year term expiring June 30, 2028.

**PRESENTED, READ AND ADOPTED** the \_\_\_\_ day of \_\_\_\_\_, 2025.

BOARD OF LARAMIE COUNTY COMMISSIONERS

\_\_\_\_\_  
Chairman

ATTEST:

\_\_\_\_\_  
Debra Lee, Laramie County Clerk

Reviewed and approved as to form:

\_\_\_\_\_  
Laramie County Attorney's Office

**OATH OF APPOINTMENT**

THE UNDERSIGNED does solemnly swear (or affirm) to honor and sustain the constitution of the United States, the constitution of the State of Wyoming, and to faithfully, honestly and impartially discharge all duties as a member of the Laramie County Community Juvenile Services Joint Powers Board.

LARAMIE COUNTY COMMUNITY JUVENILE  
SERVICES JOINT POWERS BOARD

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

## APPOINTMENT APPLICATION

BOARD/COMMITTEE/COMMISSION: Juvenile Court Powers Board.

NAME: Ross McKelvey

MAILING ADDRESS: 309 W. 20<sup>th</sup> Street, Suite 2100, Cheyenne WY

HOME ADDRESS: \_\_\_\_\_ PHONE: 307-777-7138  
( ☒ if not for public use. \_\_\_\_\_ )

OCCUPATION: Attorney SELF EMPLOYED? no

EMPLOYER/NAME OF BUSINESS: Wyoming Public Defenders Office

ADDRESS/ZIP: same PHONE: 307-777-7138  
( ☒ if not for public use. \_\_\_\_\_ )

YEAR EMPLOYED: 19 YEARS OF RESIDENCY: 22

FAX: 777-6253 E-MAIL: ross.mckelvey@wy.gov CELL PHONE: none

EDUCATION/DEGREES: B.S., JD

SPOUSE: Kari

Please explain your interest in serving on this Board/Committee (new appointments only):

I represent juveniles in delinquency + CHINS cases and believe a public defender should serve on the board

Other City or community memberships: \_\_\_\_\_

Signature: [Signature] Date: 4/16/25

### FOR OFFICE USE ONLY

New Appointment: \_\_\_\_\_ Or Reappointment: \_\_\_\_\_ Term Length: \_\_\_\_\_ Year(s) Full

Term: \_\_\_\_\_ Or Unexpired Term: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Comments: \_\_\_\_\_

Please return to:

Mayor's Office

2101 O'Neil Avenue,

Cheyenne, WY 82001

(307) 637-6300 / FAX (307) 637-6378