

Packet 5

Child Support Modification

Forms and Procedures

For Wyoming

Joint Packet for Petitioner and
Respondent

2011

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All underlined forms are required in an uncontested modification action and must be completed and submitted by the Petitioner. In addition, the Petitioner must also complete a Confidential Financial Affidavit. All bold forms are required to be completed and submitted by the Respondent.

THE STEPS—MODIFICATION OF CHILD SUPPORT (Joint Instructions for Petitioner and Respondent)

- 1. Read all the instructions before completing forms to ensure that you qualify to seek modification of child support in Wyoming. YOU DON'T NEED TO FILL OUT EVERY FORM. ONLY FILL OUT THE FORMS THAT ARE REQUIRED FOR YOUR CASE. Reading these instructions will help you determine which forms you need.**
 - a. *This packet is to modify child support only.* If you are modifying custody, visitation or parenting time with your children, a separate pro se packet is available.

- 2. Sufficient change of circumstances to modify/adjust child support.**
 - a. **Time requirements. [Must fit one of the following three categories]**
 1. **Twenty (20%) percent change in support amount/six (6) months.** Any child support order that was entered more than six (6) months prior to the petition or which has not been adjusted within *six (6) months* from the date of filing of the petition may be reviewed and adjusted if the court finds that the support amount would ***change by twenty percent (20%) or more*** per month from the amount of the existing order.

 2. **Substantial change of circumstances.** A modification based on a ***substantial change of circumstances*** may be brought at ***any time***. The commencement of aid under the Personal Opportunities With Employment Responsibilities (POWER) Program, medical benefits under Title XIX of the Social Security Act, food stamps and supplemental security income (SSI) shall be considered a substantial change of circumstances requiring modification of child support. Other changes, including custody modifications, may also be sufficient. (If custody needs to be changed in a court order, please use the Modification of Child Custody Packet or seek the advice of an attorney).

 3. ***Every three (3) years***, upon request, the court shall review and, if appropriate, adjust the order in accordance with the guidelines established

pursuant to this article. There is no need for a showing of a change of circumstances if it has been at least three years since the previous order.

3. Complete the *Petition for Modification of Child Support and Judgment for Arrears and Summons*.

- a. Make two (2) copies of each document. The original will be filed at the courthouse, one copy is for you (**the petitioner**) and the other copy is for the other parent (**the respondent**). You will need to repeat this step for all documents you file with the court.

**** CONFIDENTIALITY OF ADDRESS OR OTHER IDENTIFYING INFORMATION: If you have concerns about your or your children’s safety if your address or phone number is disclosed, you may want to contact an attorney for advice on potential options or how to obtain a court order allowing you to maintain confidentiality of your address or other identifying information. (See Wyo. Stat. §20-4-162 .**

- b. **Family Violence Option**: If you decide to work through a Child Support Enforcement Agency instead, and you or your children are victims of domestic violence, request information regarding the Family Violence Option as a possible way to keep certain information confidential.
- c. **Notarizing Signatures**. You will need to sign the *Petition for Modification of Child Support and Judgment of Arrears* and have it notarized. Notary publics may administer the oath and witness your signature, or in many cases, clerks of court will be willing to administer the necessary oath. Each clerk’s office has their own policy so check with them first before seeking notarization of your signature on the forms. Many banks and grocery stores have public rotaries available for a small fee.

Case Number: You need to use the same case number assigned to the original order. You must include that case number on all further paperwork in the “**caption**”. The caption is the top section of a pleading, motion, or petition stating the name of the petitioner, respondent, court and identifying the case number.

4. Relevant Child Support Laws:

- a. **Recipients of certain public benefits.** Those recipients of aid under the Personal Opportunities With Employment Responsibilities (POWER) Program who, as a condition of eligibility under federal law, are required to

assign their rights to support to, and cooperate with, the department of family services in the establishment of parentage and the establishment, enforcement and modification of support obligations. If you or your children receive public benefits, contact your Department of Family Services Caseworker or local child support enforcement office as a modification of child support may have an impact on your benefits. **Wyo. Stat. §20-6-105.**

- b. **Military Personnel:** Military regulations specify that military duty will not be used as a basis for avoiding family support obligations, but setting the level of support is a civilian matter. It is most common to set the support obligation based on basic military pay. You can go to www.dfas.mil for updates on military pay and many other issues. If military pay and benefits are an issue in your child support case, you may want to contact an attorney for assistance. The following is also a helpful website:

<http://www.acf.hhs.gov/programs/cse/fct/militaryguide2000.htm#determine>.

- c. **Overtime compensation:** Overtime compensation is not counted in the “net income” unless the court, after considering all overtime earnings derived in the preceding twenty-four (24) month period, determines the overtime earnings can reasonably be expected to continue on a consistent basis.
- d. **Entry of income withholding order.** An income withholding order (IWO) enables an employer to take child support out of the pay of the parent obligated to pay. The court always enters an IWO which takes effect immediately, unless the parties agree otherwise, or unless one (1) of the parties demonstrates, and the court finds, that there is good cause not to require immediate income withholding. When the parties agree to an alternative arrangement, the arrangement shall be in writing, signed by the parties and reviewed and entered in the record by the court. The court shall include in the record its findings of good cause, including a statement explaining why implementation of immediate income withholding would not be in the best interests of the child and, in cases involving modification of child support, proof of timely payments.
- e. **Limits on amounts withheld:** The total amount that can be withheld from any employee's paycheck is limited by the Consumer Credit Protection Act (CCPA). The limits provided in the CCPA are fifty percent (50%) of disposable earnings if the parent who pays child support has a second family and sixty percent (60%) if there is no second family. These limits are each increased by five percent (5%) if payments are in arrears for a period equal to twelve (12) weeks or more. See definition of disposable income in paragraph 4 below.

- f. **Social security or veteran's benefits.** If your children receive part of a parent's social security or veteran benefits, you might want to contact an attorney or legal services program for assistance with child support calculation. If a proportion of a support obligor's (person who is supposed to pay child support) social security or veteran's benefit is paid directly to the custodian (parent or guardian with custody of the children) of the obligor's children who are the subject of the child support order, the total amount of the social security or veteran's benefit, including the amounts paid to the obligor and custodian under the child support order, shall be counted as gross income to the obligor (count the amount the children receive as income to the parent who has to pay support). Figure out child support and subtract the amount of the social security or veteran's benefit sent directly to the custodial parent from the noncustodial (obligor's) parent's share of presumptive support. If the subtraction of the social security or veteran's benefit sent directly to the custodian results in a negative dollar amount, the support amount shall be set at zero. The child support obligation shall be offset by the amount of the social security or veteran's benefit sent directly to the custodian, beginning from the time the custodian began receiving the social security or veteran's benefit. **Wyo. Stat. §20-2-304(e).**
- g. **When income withholding order becomes effective.** An income withholding order which did not become effective immediately upon entry, becomes effective upon the earliest of the following: (i) the date the parent paying requests withholding commence; or (ii) child support becomes delinquent in payment of an amount equal to one (1) month's support obligation under the support order.
- h. **Date new amount of child support begins.** An order for child support is not subject to retroactive modification except: (i) Upon agreement of the parties; or (ii) The order may be modified with respect to any period during which a petition for modification is pending, but only from the date notice of that petition was served on the respondent. **Wyo. Stat. §20-2-311(d).**
- i. **When the child support obligation ends.** An on-going child support obligation terminates when the:
- (i) Parents marry or remarry *each other* (After the remarriage of the parents to each other, the court may eliminate all child support arrearage existing between the parents except those assigned to the state of Wyoming);
 - (ii) Child dies;
 - (iii) Child is legally emancipated; or
 - (iv) Child attains the age of majority. (See "age of majority" definition below at Paragraph 4(h).)

5. Definitions:

- a. **"Obligor"** means a person who owes a duty of support for a child;
- b. **"Payor"** means any employer or other person who pays income to an obligor and who has or provides health care coverage to employees;
- c. **"Arrearage"** means past due child support, past due medical support, past due spousal support, attorneys fees, guardian *ad litem* fees, costs, interest and penalties, but, does not include property settlements.
- d. **"Income"** means *any* form of payment or return in money or in kind to an individual, regardless of source. Income includes, but is not limited to wages, earnings, salary, commission, compensation as an independent contractor, temporary total disability, permanent partial disability, permanent total disability, worker's compensation payments, unemployment compensation, disability, annuity and retirement benefits and any other payments made by any payor.
- e. **The following is not "income":** Means tested sources of income such as Pell Grants, aid under the Personal Opportunities With Employment Responsibilities (POWER) Program, food stamps and Supplemental Security Income (SSI) shall not be considered as income.
- f. **"Net" or "Disposable" income** is the gross income minus total mandatory deductions. **Mandatory deductions:** federal income tax withheld, social security tax (FICA) withheld, state income tax withheld, and other deductions required by law, such as required disability contributions and/or required retirement contributions. The cost of dependant health care coverage for dependant children may be deducted too.
- g. **"Imputed income"** can be used when either parent is voluntarily unemployed or underemployed. In such case the child support shall be computed based upon the potential earning capacity (imputed income) of the unemployed or underemployed parent. In making that determination the court shall consider:
 - 1) Prior employment experience and history;
 - 2) Educational level and whether additional education would make the parent more self-sufficient or significantly increase the parent's income;
 - 3) The presence of children of the marriage in the parent's home and its impact on the earnings of that parent;
 - 4) Availability of employment for which the parent is qualified;
 - 5) Prevailing wage rates in the local area;
 - 6) Special skills or training; and
 - 7) Whether the parent is realistically able to earn imputed income.

- h. "**Age of majority**" means a person eighteen (18) years of age, *except* for purposes of child support obligations, a parent's legal obligation for the support of his or her children, whether natural or adopted, continues past the age of majority in cases where the children are: (i) mentally or physically disabled and thereby incapable of self support; or (ii) between the age of majority and twenty (20) years and attending high school or an equivalent program as full-time participants.

6. Petitioner and Respondent must fill out a *Confidential Financial Affidavit* and attach all required documents (tax returns for previous two years and statement of earnings for the current year).

- a. **Confidential Financial Affidavits.** Both parties are required to file a *Confidential Financial Affidavit* with the court with all the necessary supporting documentation. The other party can obtain a *Confidential Financial Affidavit* by purchasing a pro se packet from the clerk of district court's office or you may copy an affidavit for the other party before you fill it out. If either party fails to file a financial affidavit, the court may require the other party to demonstrate to the court, under oath, an imputed net monthly income for the party not filing. [See *Affidavit of Imputed Income*]

1) **Necessary attachments.** Financial affidavits of the parties shall be supported with documentation of both current and past earnings. Include copies of last two years' income tax returns and your most recent pay stub(s) to show how much you have made so far this year. Other suitable documentation of current earnings includes, but is not limited to, employer statements, or receipts and expenses if self-employed. **Wyo. Stat. §20-2-308(b).**

2) Both parents must fill out a *Confidential Financial Affidavit* in order to calculate the child support, otherwise, the court must hold a hearing or get other evidence regarding the income of the parties. If you have information regarding the other party's income for the previous two years, and you are unable to obtain a *Confidential Financial Affidavit* from that party, you may fill out an *Affidavit of Imputed Income*.

7. Child Support Payments and Medical Expenses.

- a. The child support guidelines are presumed to be the correct amount and must be followed except in limited circumstances. Attach the *Child Support Computation Form* with your *Confidential Financial Affidavit*.

- b. **Calculating Child Support.** If you need assistance computing child support, you may call an attorney in your community or one of the Legal Services Organizations, including the clinics at the law school. You must have the net monthly income for both parties prior to calling. **It is recommended that you hire an attorney to calculate child support or see if someone knowledgeable will assist you. Also, child support must be paid and cannot be waived.**
- c. **YOU CANNOT agree that no support will be paid.** The statutes allow for a reduced amount of support when you agree on shared physical custody.
- d. **Minimum amount of child support.** Where the combined *net monthly* income of *both* parents is less than eight hundred and thirty three dollars (\$833.00), the non-custodial parent has to pay twenty-five percent (25%) of his/her net income, but the minimum amount of child support a person has to pay can not be less than **fifty dollars (\$50.00) per month for each family unit** in which there are children to whom the non-custodial parent owes a duty of support.
- e. **Deviations of Child Support.** There are NO DEVIATIONS from the presumed support allowed UNLESS the court CHOOSES to deviate from the set amount because the amount was unjust or inappropriate in the particular case.
- 1) In determining whether to deviate from the presumptive child support established by Wyo. Stat. §20-2-304, the court shall consider the following factors:
- (i) The age of the child;
 - (ii) The cost of necessary child day care;
 - (iii) Any special health care and educational needs of the child;
 - (iv) The responsibility of either parent for the support of other children, whether court ordered or otherwise;
 - (v) The value of services contributed by either parent;
 - (vi) Any expenses reasonably related to the mother's pregnancy and confinement for that child, if the parents were never married or if the parents were divorced prior to the birth of the child;
 - (vii) The cost of transportation of the child to and from visitation;
 - (viii) The ability of either or both parents to furnish health, dental and vision insurance through employment benefits;
 - (ix) The amount of time the child spends with each parent;
 - (x) Any other necessary expenses for the benefit of the child;
 - (xi) Whether or not either parent has violated any provision of the divorce decree, including visitation provisions, if deemed relevant by the court; and
 - (xii) Other factors deemed relevant by the court.

- 2) The Court must include the specific reasons for deviation in the *Order*.
 - 3) **YOU CAN NOT AGREE TO LESS THAN THE PRESUMED SUPPORT IF GOVERNMENT OR STATE BENEFITS (SUCH AS TITLE 19) ARE BEING PROVIDED ON BEHALF OF ANY CHILD.**
- f. Complete an *Income Withholding Order*. This should be submitted with the *Order for Modification of Support and Judgment for Arrears*.
 - g. Complete a *Notice to Payor* and ask the clerk what the policy is for postage and mailing.
 - h. **Medical support.** The law requires that medical support for the child(ren) be included as part of any child support order. The court shall order either or both of the parents to provide medical support, if insurance can be obtained through an employer or other group carrier, or if it is otherwise reasonably available. This may include dental, optical or other health care needs for the child(ren). In addition, the court will order that any medical expenses not covered by insurance and any deductible amount on the required insurance coverage be paid by one or both parents. If both parents are ordered to pay for expenses not covered by insurance, the court will specify the proportion for which each parent is responsible (for example 50 percent to petitioner and 50 percent to respondent). **Wyo. Stat. §20-2-401.**

8. File the forms with the District Court Clerk.

- a. **Where to file.** Take your two (2) copies plus the original to the courthouse in the county in which the original action that you are seeking to modify was filed.
- b. **File Stamp.** The clerk will “file-stamp” the documents. This will be proof of the date you filed your *Petition* and other documents with the court.
- c. **Pay the filing fee.** Although the fee for filing a petition is currently \$70.00, many district courts in the state have additional fees. These fees can change each year. Some counties do not accept personal checks. You will need to contact the Clerk of the District Court where you will be filing the *Petition for Modification of Child Support and Judgment for Arrears* to ask how much the fees are and to inquire as to what type of payment methods they accept.
- d. **Asking the court to waive filing fees and costs of having pleadings served on the other party.** If you financially qualify, you may ask the judge to allow you to file your *Petition for Modification of Child Support and Judgment*

for Arrears and to waive the costs of having the sheriff serve the respondent with the paperwork by completing and filing an *Affidavit of Indigency and Request for Waiver of Filing Fees and All Fees Associated Therewith* together with the *Order on Request for Waiver of Filing Fees and All Fees Associated Therewith*. The judge will then make a determination about whether or not to grant your request. Again, procedures and policies vary from court to court so there *is no guarantee that the judge will grant your request*.

9. After the papers are filed with the Clerk, have the respondent officially served by the County Sheriff or a process server.

- a. **Notice.** You MUST give the respondent (a/k/a “the other party”) **official notice** that you are seeking to modify child support. The respondent must receive a copy of the *Petition for Modification of Child Support and Judgment for Arrears* and *Summons* and any documents filed with them (NOTE: this packet is best utilized in uncontested actions and if a temporary or emergency motion is necessary, you may want to contact an attorney for assistance) by a person authorized to serve the papers under Wyoming law. You may not serve the papers yourself unless the respondent signs an *Acknowledgment and Acceptance of Service* in front of a notary or clerk of court and files it with the clerk.
- b. **Deadline to have respondent served.** You will have ninety (90) days from the date you file your *Petition for Modification of Child Support and Judgment for Arrears* at the courthouse to make sure the respondent is served with the papers. If you fail to timely serve the other party, the lawsuit can (and in many district courts will) be dismissed for lack of progress. See Uniform Rules of District Courts, State of Wyoming, Rule 203.
- c. **Methods to serve respondent.** Choose **ONLY ONE** of the five methods to serve the opposing party.

Method #1 – Service by Wyoming Sheriff (Summons). Wyoming Rules of Civil Procedure, Rule 4(c), states that “process may be served within the State of Wyoming, by the sheriff of the county where the service is made, or by the under sheriff or deputy.” It is recommended to have the sheriff or deputy in the county where the respondent can be found serve him or her with the papers. There will be a separate service fee (usually \$20.00 in Wyoming). You can contact the sheriff’s department in the county where the respondent lives or can be found to determine the fee charged for the sheriff or deputy to serve the respondent.

Service by out of state sheriff deputy. Contact the sheriff's department in the county where the respondent lives or can be found to determine the fee charged for the sheriff or deputy to serve the respondent.

The sheriff's office will complete the last page of the *Summons* and usually file the original with the clerk's office and send you a copy. If you receive a copy, call the clerk's office to ensure the original has been filed. If not, file the original with the clerk's office.

Method #2 – Service by a Private Party (*Summons*). In some counties and in some states, private parties are available to serve court papers for a fee. Wyoming Rules of Civil Procedure, Rule 4(c)(1) states that the person serving the *Summons* must be of the age of majority and not a party to the action.

Method #3 – Acknowledgement and Acceptance of Service. This form of service is appropriate if the other party will accept the papers and sign for them. You or the other party will need to completely fill out the *Acknowledgement and Acceptance of Service*. The other party must sign the document in front of a notary and file the original with the clerk of district court. If you and the respondent are in agreement, it is also a good idea to fill out the *Order Modifying Child Support* and *Redacted Order Modifying Child Support* and for both you and the respondent to sign the document in front of a notary or, where available, the clerk of court for presentation to the judge.

Method #4 – Service by Publication. There are additional fees for publication for this method. Before selecting this method of service, you must completely read and understand Wyoming Rules of Civil Procedure, Rule 4(e) & (f). Rule 4(e) states that service by publication is applicable “in suits for divorce, alimony, to affirm or declare a marriage void, or the modification of any decree therefor entered in such suit, when the respondent is a nonresident of the state, or the respondent's residence cannot be ascertained, or the respondent keeps concealed in order to avoid service of process.”

If you do not understand what is involved, see a lawyer. However, if you have read the rules and can demonstrate that you have made every effort to find the respondent's address, completely fill out *Affidavit to Allow Service by Publication* and *Notice of Publication*. (DO NOT sign where the clerk needs to sign).

Before service of publication can be made, an *Affidavit to Allow Service by Publication* must be filed stating that service of *Summons* cannot be made within this state, on the respondent to be served by publication, and stating the respondent's address, if known, or that the respondent's address is unknown.

If the respondent's address is UNKNOWN and cannot be found, the affidavit must detail the efforts you made to obtain an address.

If the other party's address is KNOWN, Wyoming Rules of Civil Procedure, Rule 4(f) states: In any case in which service by publication is made when the address of the respondent is known, it must be stated in the publication. Immediately after the first publication, the party making the service shall deliver to the clerk copies of the publication, and the clerk shall mail a copy to each respondent whose name and address is known by registered or certified mail and marked “**Restricted Delivery**” with return receipt requested, directed to the respondent’s address listed, and make an entry thereof on the appearance docket [NOTE: you must supply the clerk with the envelope and proper postage – the envelope must be ready to mail with the necessary postal forms completed].

Contact the newspaper. After the clerk signs and files the publication notice, it is your responsibility to contact the appropriate newspaper and to arrange for the publication and pay the appropriate fees. An appropriate newspaper is one that has been regularly issued at least once each week for a period of fifty-two (52) consecutive weeks prior to the date of the first publication of notice or advertisements. It must have a paid circulation of at least five hundred (500) and each page must not be less than ten (10) inches by twelve and one-half inches in size. The newspaper must publish the notice once a week for four (4) consecutive weeks.

Waiting period. The other party will have thirty (30) days **from the date of the last publication date** to file a written response to the child support modification action. After the thirty (30) day waiting period, fill out, sign and notarize ***Affidavit Following Service by Publication***. This should be filed with the clerk of district court. If the other party fails to respond by that time limit, you may be able to obtain a modification by default. [See Step 6 below].

Method #5 – Service by Certified or Registered Mail. In all cases where service by publication can be made (see Method #4 above) or where a statute permits service outside this state, the petitioner may obtain service by registered or certified mail. Wyoming Rules of Civil Procedure, Rule 4(1) provides that “(u)pon the request of any party the clerk shall send by registered or certified mail a copy of the [petition] and ***Summons*** addressed to the party to be served at the address given in the affidavit required under” Rule 4(f).

The mail shall be sent marked “**Restricted Delivery**” requesting a return receipt signed by the addressee or the addressee’s agent who has been specifically authorized in writing by a form acceptable to, and deposited with, the postal authorities. When such return receipt is received signed by the addressee or the addressee’s agent the clerk shall file the same and enter a certificate in the cause showing the making of such service. Wyoming Rules of Civil Procedure, Rule 4(1).

10. After the other party is served, wait the required waiting period.

You must wait the time limit for the other party to respond after service is completed.

- a. **Waiting period if respondent is served in Wyoming.** If the other party is served in Wyoming other than by publication, the other party will have twenty (20) days (starting the day after being served, or if served by publication, from the date of the last publication) to respond in writing and to file the response in the clerk's office.
- b. **Waiting period if respondent is served out of state.** If the other party was served out-of-state OR was served by publication, he/she will have thirty (30) days (starting the day after being served) to respond to the lawsuit.
- c. **Computation of Time Limits.** - In computing most time limits, unless otherwise stated, the day the petition is served shall not be included. The last day of the time period is included, unless it lands on a Saturday, a Sunday, or a legal holiday, or, if the courthouse is closed then the time limit will be on the very next day that the courthouse is open. **If you have questions about time limits you should seek the advice of an attorney.**

11. Respondent must file a *Response to the Petition* after being served.

- a. **Response to Petition.** If you have been served with a *Petition for Modification of Child Support and Judgment for Arrears*, you should file a *Response to Petition for Modification of Child Support and Judgment for Arrears* with the clerk of the district court where the *Petition for Modification of Child Support and Judgment for Arrears* was filed. A *Response* is a written document explaining to the court exactly which provisions you agree with and which provisions you deny. If you fail to respond, a default judgment will be entered against you and your spouse may be entitled the relief he or she asked for in the *Petition*.

You must fill in the caption. DO NOT forget to include the case number.

- b. **Admit or Deny.** To respond to the *Petition*, you should go through each and every paragraph of the *Petition for Modification of Child Support and Judgment for Arrears* and either "admit" or "deny" each paragraph. If you do not have sufficient information to either admit or deny a particular allegation, you must state that in your *Response to Petition for Modification of Child Support and Judgment for Arrears*. If you disagree with something and you fail to "deny" it in your *Response to Petition for Modification of Child Support and Judgment for Arrears*, the judge can find that you admitted it.

c. **Time limit to answer.** **You have only a limited amount of time to file a *Response to Petition for Modification of Child Support and Judgment for Arrears*.** Generally, if you were served within the State of Wyoming, you will have 20 days to file the *Response to Petition for Modification of Child Support and Judgment for Arrears*. If you were served by publication, certified mail, or outside the State of Wyoming, you generally will have 30 days to file a *Response to Petition for Modification of Child Support and Judgment for Arrears*. If you do not file a *Response to Petition for Modification of Child Support and Judgment for Arrears* by your deadline, then your spouse may obtain an *Order* giving him/her everything he/she requested in the *Response to Petition for Modification of Child Support and Judgment for Arrears*.

d. **Computation of Time Limits.** In computing most time limits, unless otherwise stated, the day the pleading is served shall not be included. The last day of the period so computed shall be included, unless it is a Saturday, a Sunday, or a legal holiday, or, when the act to be done is the filing of a paper, a day on which weather or other conditions have made the office of the clerk of the court inaccessible, in which event the period runs until the end of the next day which is not one of the aforementioned days. When the period of time prescribed or allowed is less than 11 days, intermediate Saturdays, Sundays, and legal holidays shall be excluded in the computation. A "legal holiday" includes any day officially recognized as a legal holiday in this state by designation of the legislature or appointment as a holiday by the governor. Wyoming Rules of Civil Procedure Rule 6.

OR

a. **You may file a Response and Counterclaim.** If you want the judge to grant relief to you, you should file a *Response and Counterclaim to Petition for Modification of Child Support and Counterclaim*. This document responds to the *Petition for Modification of Child Support and Judgment for Arrears* and gives you an opportunity to tell the court what you want to happen with the child support and judgment of arrears. First, you will go through each and every paragraph of the *Petition for Modification of Child Support and Judgment for Arrears* and either "admit" or "deny" each paragraph. Second, the *Counterclaim* portion of the document asks the judge to give you what you want. You must fill out all of the information in the *Response and Counterclaim to Petition for Modification of Child Support and Counterclaim* completely.

b. **Time limit to answer and counterclaim.** **The same time limits apply as the *Response to Petition for Modification of Child Support and Judgment for Arrears* above.**

12. If the parties agree on all of the issues:

- a. **Agreement.** Prepare the *Order for Modification of Support and Judgment for Arrears* (and *Redacted Order for Modification of Support and Judgment for Arrears*). The *Redacted Order for Modification of Support and Judgment for Arrears* must contain the same information as the *Order for Modification of Support and Judgment for Arrears*, except that it uses only the initials of the minor children, the year of birth for individuals, the last 4 digits of social security numbers, and the last 4 digits of financial account numbers to help protect against identity theft occurring from the use of public documents. If you have any questions about the requirement for a *Redacted Order for Modification of Support and Judgment for Arrears*, please review the Wyoming Supreme Court Rules Governing Redactions from Court Records.
- b. **Other required forms:**
 - ✓ *Confidential Financial Affidavits*
 - ✓ *Confidential Information Form*
 - ✓ *Confidential Statement for Child Support Order* and
 - ✓ *Income Withholding Order*
 - ✓ *Notice to Payor*
- c. **Hearing.** In some counties, a hearing is required before the Judge will sign the *Order for Modification of Support and Judgment for Arrears*. You request a hearing by completing the *Request for Setting*. If you have reached an agreement, check the box that states that the parties have entered into a Settlement Agreement. Indicate how much time you think it will take for you and the other party to present your evidence and write that in (usually 15-minutes if there is an agreement). **The judge will not guide you through the hearing, tell you how to proceed or advise you on the law.**
- d. **Setting the hearing date.** You will file the *Order Setting Hearing* with the clerk's office and they will fill in the hearing date and time and mail a copy to you and the other party. Remember to provide the clerk with self-addressed, stamped envelopes for you and the other party. At the hearing, you will need to inform the judge of the reasons you are seeking modification, the net monthly incomes of both parents, the proposed child support amount, whether it deviates from the child support guidelines and whether any of the children for whom support is owed are receiving means tested income (i.e. food stamps or Medicaid) and give the *Order for Modification of Support and Judgment for Arrears* (and *Redacted Order for Modification of Support and Judgment for Arrears*) with the appropriate number of copies to the Judge.

13. If the other party answers and you and the other party do not agree on all the issues:

- a. **Reply to Counterclaim.** If the other party has filed a counterclaim or counter-petition, you will have a time limit (usually 20-days) to file a written response called a ***Reply to Counterclaim***. A copy of your reply will also need to be sent to the other party or the attorney representing the other party and a certificate filed with the court showing what date the copy was put in the U.S. mail, first class with postage pre-paid and the exact name and address of the person it was mailed to. **If you fail to respond in writing in the time allowed, a default judgment can be entered against you.**

- b. **Set a hearing/trial.** Your case will have to be heard and decided by a judge at a trial unless an agreement is reached. It is strongly recommended that you hire an attorney to represent you at trial though you may represent yourself. If you represent yourself, you proceed at your own risk and will be expected to know the laws. See ***Request for Setting*** above. Check the “trial” box where it asks the type of hearing. Indicate how much time you think it will take for you and the other party to present your evidence and write that in. You also need to check whether or not you want a court reporter. If you request a court reporter, you will be responsible for paying the fees. **You are again reminded that, if you choose to continue without an attorney, you are expected to know what to do and how to do it. The judge will not guide you through the trial/hearing, tell you how to proceed or advise you on the law.**

<p>NOTE: The pro se packets are most beneficial when used for cases where the parties can reach an agreement or one of the parties defaults. If the matter looks as though it is going to require a hearing, you are strongly encouraged to find an attorney willing to help you.</p>

- c. **Order.** Following the hearing, the judge will make a decision. If the judge instructs you, you must take that decision and type it into the ***Order Modifying Child Support and Judgment for Arrears*** (and ***Redacted Order for Modification of Support and Judgment for Arrears***) incorporating the judge’s decision.

14. If the other party fails to respond, file the default paperwork.

- a. **Default.** After the required waiting period has expired, you may obtain what is referred to as a **default judgment**.

- b. **Necessary forms:**
- ✓ *Application for Entry of Default*
 - ✓ *Affidavit of Petitioner in Support of Default*
 - ✓ *Affidavit Following Service by Publication*
 - ✓ *Entry of Default.*
- c. **Default Order Modifying Child Support and Judgment for Arrears.** In some counties, you can present the clerk a copy of the *Order* at the same time as the default paperwork is presented. **MAKE SURE TO MARK “DEFAULT” ON THE ORDER.** Confirm the proper procedure with the clerk of court’s office. You must have the *Order* completely filled out, with the appropriate copies made. Also provide the clerk with self-addressed stamped envelopes addressed to yourself and the other party.
- d. **Other necessary forms.** Include:
- ✓ *Confidential Financial Affidavits* (If you don’t have one from the other party, file an *Affidavit of Imputed Income*)
 - ✓ *Confidential Information Form*
 - ✓ *Confidential Statement for Child Support Order*
 - ✓ *Income Withholding Order* and
 - ✓ *Certificate of Mailing (check with clerk)*
 - ✓ *Notice to Payor* (You may be required to pay the clerk the costs of the mailing (usually less than five (\$5.00) dollars) or have the certified mail forms filled out with the necessary postage attached). This document tells the payor how much to withhold from the person paying child support’s check.
 - ✓ *Self addressed, stamped* envelopes (one addressed to you and one to the other party.
 - ✓ Many counties require an *Affidavit of Imputed Income* when one of the parties does not file a *Confidential Financial Affidavit*.
- e. Make two copies of each of the documents. One copy will be for your records and the other is for the respondent.
- f. Take the originals of the completed documents to the courthouse where you filed your previous documents and ask the clerk to file stamp them and file them with the court. You must also get your copies filed stamped.

NOTE: Some counties will not enter a default order unless there is a hearing. In those counties, fill out a *Request for Setting* for a default hearing. Request 15-minutes for the hearing. At the hearing make sure you tell the judge the reasons for seeking the child support modification and be prepared to present evidence of both parties’ income. You will also need to bring the *Order Modifying Child Support, Redacted Order Modifying Child Support, Confidential Information Form, Confidential Statement for Child Support Order, and Income Withholding Order* to court.

Your child support will not be modified until the Judge signs the *Order Modifying Child Support* and it is filed by the clerk of court. Giving the papers to the clerk does not ensure your order is modified or will be modified. If you do not fill out the paperwork correctly, the Judge will not sign the *Order*.

15. Motions for some action by the court.

- a. There may be other remedies available in child support modification actions that are not included in these packets. For instance requests for temporary relief are so different and complex that having an attorney assist is highly recommended. For each motion you wish to file, you must complete appropriate pleading(s), as well as a ***Request for Setting*** and the ***Order Setting Hearing/Trial***. These must be filed with the clerk's office. The ***Request for Setting*** allows the court to hear about your motion and to make a ruling regarding your request. It also tells the court what the hearing is for and the amount of time needed. If you require a court reporter, you must request one and his/her fee must be paid by you before the hearing. The judge's clerk will fill in the hearing date and time and return the ***Order Setting Hearing/Trial*** to you. You must mail a copy to the other party and complete a ***Certificate of Service*** stating that you have done so.

- b. **If the other party files a motion:** You should fill out a ***Response to Motion Form*** and state your objections, if any, to the requested relief. If you fail to respond in writing, you may be prevented from responding at the hearing, and the other party may be given what he/she asked for in the motion. Generally, your response must be filed and delivered to the other party within 20 days from the date it was mailed or, if there is a hearing, 3 days before the hearing date, whichever is sooner. You should attach to your response, any documents or other evidence you wish the Judge to consider. Do not forget to include a ***Certificate of Service***.

STATE OF WYOMING)
) ss
COUNTY OF _____)

IN THE DISTRICT COURT
_____ JUDICIAL DISTRICT

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

Civil Action Case No. _____

**PETITION FOR MODIFICATION OF CHILD SUPPORT
AND JUDGMENT FOR ARREARS**

Petitioner, respectfully requests this Court modify an order regarding child support, and, if applicable, enter a judgment for arrears/back child support. In support of this petition, the petitioner states the following:

1. Petitioner is the **[Check the appropriate box]**

- custodial parent; or
 non-custodial parent

and is a resident of _____ County, State of _____

2. **[Check the appropriate box]**

A child support order was entered on _____ **[date]** by this Court; or

A child support order was entered on _____ **[date]** by the _____ Court, _____ County, State of _____.

3. The Order provided for support of the following minor child(ren):

CHILD'S INITIALS	YEAR OF BIRTH

(If you need more space, please attach a separate sheet of paper)

4. **[Check the appropriate box]**

The Order has not been modified or changed in this state or any other state with respect to the child support and medical insurance obligations; OR

The Order was last modified with respect to the child support and/or medical insurance obligations by order of this Court on _____
_____ [date]; or

The Order was last modified with respect to the child support and/or medical insurance obligations by Order of the _____ Court,
_____ County, State of _____, on _____
_____ [date].

5. According to the terms of the most recent court order: **[Check the appropriate boxes for each section]**

A. The non-custodial parent is required to pay \$_____ per month in child support for the parties' minor child(ren) named in paragraph 3. The non-custodial parent is **[Check one box]**

in arrears (owes back child support). (A copy of the record of child support payments certified as a true copy of the original by the custodian of the record [Clerk of District Court or Child Support Enforcement] may be attached and/or forwarded to the court. The copy is evidence of facts asserted in it, and is admissible to show whether payments were made. Wyo. Stat. §20-4-166(c)). If applicable, the amount of arrears is \$_____ through the date of the filing of this Petition. A judgment should be entered against the non-custodial parent for this amount and any additional amounts which may accrue prior to entry of an order in this action.

current (not in arrears) for the child support obligation.

B. The custodial non-custodial parent is required to provide medical insurance for the child(ren). Such insurance has has not been provided as ordered.

C. The non-custodial parent was required not required to pay for a percentage of medical expenses not covered by insurance. Such medical expenses have have not been paid as ordered. If the non-custodial parent has not paid medical expenses as ordered, the total amount owed is \$_____ through the date of the filing of this Petition (attach copies of bills/receipts, if available). A judgment should be entered against the non-custodial parent for this amount and any additional amounts that are owed prior to entry of an order in this action.

D. Neither party has been ordered to provide medical insurance. Petitioner is requesting this Court order _____ [Name] to provide medical insurance and that all medical expenses not covered by insurance be divided in the following manner: _____% to be paid by Mother and _____% to be paid by Father.

6. Reason for seeking modification or adjustment of child support order. **[Check the appropriate box]**

The child support order has not been entered or modified within the six (6) months prior to the filing of this Petition. Applying the child support guidelines established in Wyo. Stat. § 20-2-304, the child support amount will change by twenty percent (20%) or more per month from the amount of child support required by the existing order; OR

Since the date of the last order, there has been a substantial and material change of circumstances which warrants modifying the child support and/or medical insurance obligations. The change in circumstances is:

There are fewer children owed support because one of the children is emancipated or has reached the age of majority. ("Age of majority" means a person eighteen (18) years of age, however, for purposes of child support obligations, a parent's legal obligation for the support of his or her children, whether natural or adopted, continues past the age of majority in cases where the children are: (i) mentally or physically disabled and thereby incapable of self support; or (ii) between the age of majority and twenty (20) years and attending high school or an equivalent program as full-time participants.)

The "net" income of one or both of the parents is believed to have substantially changed. ("**Net income**" means income *less* personal income taxes, social security deductions, cost of dependent health care coverage for all dependent children, actual payments being made under preexisting support orders for current support of other children, other court-ordered support obligations currently being paid and mandatory pension deductions. Payments towards child support arrearage shall not be deducted to arrive at net income.)

The financial needs of the child(ren) have increased by reason of age and the cost of living changes.

The obligations and rights of the parties and the child(ren) to provide or receive health care require review and modification.

Other: [Please describe] _____

OR

It has been at least three (3) years since a court reviewed the child support and, if appropriate, petitioner would like the court to adjust the order in accordance with the child support guidelines. (There is no need for a showing of a change of circumstances if it has been at least three years since the previous order.)

WHEREFORE, Petitioner respectfully requests:

1. The Court set a hearing on the *Petition for Modification of Child Support and Judgment for Arrears*;
2. The parties be ordered to complete and file *Confidential Financial Affidavits* as provided by Wyo. Stat. § 20-2-308;
3. The Court review and modify the child support order to an amount consistent with the Wyoming Child Support Guidelines;
4. The Court review and modify the medical insurance obligation and the allocation of costs not covered by medical insurance, if requested;
5. If applicable, the Court enter a judgment for child support arrears and for unpaid medical expenses not covered by medical insurance;
6. Other: _____

7. For such other and further relief as the Court deems necessary and just.

DATED this _____ day of _____, 20__.

Signature
Printed Name: _____
Address: _____

Phone Number: _____

STATE OF _____)
) ss.
COUNTY OF _____)

Subscribed and sworn to before me by _____, this
_____ day of _____, 20__.

Witness my hand and official seal.

Notary Public/Clerk of Court

My commission expires:

-----Fill in, if applicable-----
Pursuant to Rule 102(a)(1)(B) of the Wyoming Uniform Rules of District Court the following attorney has participated in the preparation of this pleading but said attorney is NOT deemed to have entered an appearance in this matter:

Attorney's Name

Attorney's Address/Telephone:

STATE OF WYOMING)
) ss
COUNTY OF _____)

IN THE DISTRICT COURT
_____ JUDICIAL DISTRICT

Petitioner: _____,)
(Print name of person filing))

Civil Action Case No. _____

vs.)

SUMMONS

Respondent: _____)
(Print name of other party)

To the above named Respondent:

Print Respondent's Name: _____

Home Address: _____

Phone: _____

Employer Name & Address: _____

YOU ARE HEREBY SUMMONED and required to file with the Clerk and serve upon the Petitioner or Petitioner's attorney if s/he has one, an answer to the Petition which is herewith served upon you, within 20 days after service of this Summons upon you, exclusive of the day of service. (If service upon you is made outside of the state of Wyoming, you are required to file and serve your answer to the Petition within 30 days after service of this Summons upon you, exclusive of the day of service). If you fail to do so, judgment by default will be taken against you for the relief demanded in the Petition.

Dated _____, 20_____.

(Seal of District Court)

Clerk of Court

By: _____

Deputy Clerk _____

Petitioner

Address

Phone

STOP: SHERIFF WILL FILL THIS OUT (Attach to Summons)

RETURN

STATE OF WYOMING)
) ss
COUNTY OF _____)

TO BE USED BY WYOMING SHERIFF, UNDER
SHERIFF OR DEPUTY

I, _____, Sheriff in and for said County of _____, in the State aforesaid, do hereby certify that I received the within Summons, together with a copy of the Petition filed in the above entitled matter, and that I served the same in the County aforesaid on the _____ day of _____, 20____ by delivering a copy of the same, together with a copy of the Petition, to

Sheriff
By: _____
Deputy Sheriff

Sheriff's fees: Service, \$ _____; Return \$ _____
Mileage \$ _____; Total \$ _____

AFFIDAVIT OF SERVICE

STATE OF _____)
)ss TO BE USED BY A PERSON OTHER THAN WYOMING
COUNTY OF _____) SHERIFF, UNDER SHERIFF OR DEPUTY

_____, being first duly sworn, on oath deposes and says that he/she is the identical person appointed by the Clerk of the Court as above shown to make service of Summons issued in the foregoing action; that he is over the _____ years and is not a party to the foregoing action or interested therein, and that he made service of said Summons in the County aforesaid on the _____ day of _____, 20____, by delivering a copy of the same, together with a copy of the Petition, to:

Name: _____

Address: _____

By: _____

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

Notary Public

My Commission Expires:

STATE OF WYOMING)
) ss
COUNTY OF _____)

IN THE DISTRICT COURT

JUDICIAL DISTRICT

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

Civil Action Case No. _____

**RESPONSE TO PETITION FOR MODIFICATION OF CHILD SUPPORT
AND JUDGMENT FOR ARREARS**

The Respondent sets forth the following as the answers and responses to the *Petition for Modification of Child Support and Judgment for Arrears*:

1. Respondent admits the allegations in Paragraphs _____
(list paragraphs that are accurate statements)
of the *Petition for Modification of Child Support and Judgment for Arrears*.
2. Respondent denies the allegations in Paragraphs _____
(list paragraphs that you believe are not accurate)
of the *Petition for Modification of Child Support and Judgment for Arrears*.
3. Defendant does not have information sufficient to either admit or deny the
allegations in Paragraphs _____ of the *Petition for*
(list paragraphs that are accurate statements)
Modification of Child Support and Judgment for Arrears.

WHEREFORE, Respondent respectfully requests that the court find generally in her/his favor and against the Petitioner, that Petitioner take nothing by way of his/her *Petition for Modification of Child Support and Judgment for Arrears*, and for such other and further relief as the court deems just and proper.

DATED this _____ day of _____, 20____.

Signature

Printed Name: _____

Address: _____

Phone Number: _____

CERTIFICATE OF SERVICE

I certify that on _____ (date) the original of this document was filed with the Clerk of District Court; and, a true and accurate copy of this document was served on the other party by Hand Delivery OR Faxed to this number _____ OR by placing it in the United States mail, postage pre-paid, and addressed to the following:

TO: _____

Your signature

Print name

-----Fill in, if applicable-----
Pursuant to Rule 102(a)(1)(B) of the Wyoming Uniform Rules of District Court the following attorney has participated in the preparation of this pleading but said attorney is NOT deemed to have entered an appearance in this matter:

Attorney's Name

Attorney's Address/Telephone:

STATE OF WYOMING)
) ss
COUNTY OF _____)

IN THE DISTRICT COURT
_____ JUDICIAL DISTRICT

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

Civil Action Case No. _____

RESPONSE AND COUNTERCLAIM TO PETITION FOR MODIFICATION OF CHILD SUPPORT AND JUDGMENT FOR ARREARS

The Respondent sets forth the following as the answers and responses to the *Petition for Modification of Child Support and Judgment for Arrears*:

1. Respondent admits the allegations in Paragraphs _____
(list paragraphs that are accurate statements)
of the *Petition for Modification of Child Support and Judgment for Arrears*.
2. Respondent denies the allegations in Paragraphs _____
(list paragraphs that you believe are not accurate)
of the *Petition for Modification of Child Support and Judgment for Arrears*.
3. Defendant does not have information sufficient to either admit or deny the allegations in Paragraphs _____
(list paragraphs that are accurate statements)
of the *Petition for Modification of Child Support and Judgment for Arrears*.

WHEREFORE, Respondent respectfully requests that the court find generally in her/his favor and against the Petitioner, that Petitioner take nothing by way of his/her *Petition for Modification of Child Support and Judgment for Arrears*, and for such other and further relief as the court deems just and proper.

COUNTERCLAIM

RESPONDENT sets forth the following as the counterclaim to the *Petition for Modification of Child Support and Judgment for Arrears*:

1. Respondent is the **[Check the appropriate box]**

- custodial parent; or
- non-custodial parent

and is a resident of _____ County, State of _____

2. **[Check the appropriate box]**

A child support order was entered on _____ [date] by this Court;
or

A child support order was entered on _____ [date] by the _____
_____ Court, _____ County, State of _____.

3. The Order provided for support of the following minor child(ren):

CHILD'S INITIALS	YEAR OF BIRTH

(If you need more space, please attach a separate sheet of paper.)

4. **[Check the appropriate box]**

The Order has not been modified or changed in this state or any other state with respect to the child support and medical insurance obligations; OR

The Order was last modified with respect to the child support and/or medical insurance obligations by order of this Court on _____
[date]; or

The Order was last modified with respect to the child support and/or medical insurance obligations by Order of the _____ Court, _____
_____ County, State of _____, on _____
_____ **[date]**.

5. According to the terms of the most recent court order: **[Check the appropriate boxes for each section]**

A. The non-custodial parent is required to pay \$_____ per month in child support for the parties' minor child(ren) named in paragraph 3. The non-custodial parent is **[Check one box]**

in arrears (owes back child support). (A copy of the record of child support payments certified as a true copy of the original by the custodian of the

record [Clerk of District Court or Child Support Enforcement] may be attached and/or forwarded to the court. The copy is evidence of facts asserted in it, and is admissible to show whether payments were made. Wyo. Stat. §20-4-166(c)). If applicable, the amount of arrears is \$_____ through the date of the filing of this Counterclaim. A judgment should be entered against the non-custodial parent for this amount and any additional amounts which may accrue prior to entry of an order in this action.

current (not in arrears) for the child support obligation.

B. The custodial non-custodial parent is required to provide medical insurance for the child(ren). Such insurance has has not been provided as ordered.

C. The non-custodial parent was required not required to pay for a percentage of medical expenses not covered by insurance. Such medical expenses have have not been paid as ordered. If the non-custodial parent has not paid medical expenses as ordered, the total amount owed is \$_____ through the date of the filing of this Petition (attach copies of bills/receipts, if available). A judgment should be entered against the non-custodial parent for this amount and any additional amounts that are owed prior to entry of an order in this action.

D. Neither party has been ordered to provide medical insurance. Respondent is requesting this Court order _____ [Name] to provide medical insurance and that all medical expenses not covered by insurance be divided in the following manner: _____% to be paid by Mother and _____% to be paid by Father.

6. Reason for seeking modification or adjustment of child support order. [**Check the appropriate box**]

The child support order has not been entered or modified within the six (6) months prior to the filing of this Petition. Applying the child support guidelines established in Wyo. Stat. § 20-2-304, the child support amount will change by twenty percent (20%) or more per month from the amount of child support required by the existing order; OR

Since the date of the last order, there has been a substantial and material change of circumstances which warrants modifying the child support and/or medical insurance obligations. The change in circumstances is:

There are fewer children owed support because one of the children is emancipated or has reached the age of majority. ("Age of majority" means a person eighteen (18) years of age, however, for purposes of child support obligations, a parent's legal obligation for the support of his or her children, whether natural or adopted, continues past the age of majority in cases where the children are: (i) mentally or physically disabled and thereby incapable of

self support; or (ii) between the age of majority and twenty (20) years and attending high school or an equivalent program as full-time participants.)

- The "net" income of one or both of the parents is believed to have substantially changed. ("**Net income**" means income *less* personal income taxes, social security deductions, cost of dependent health care coverage for all dependent children, actual payments being made under preexisting support orders for current support of other children, other court-ordered support obligations currently being paid and mandatory pension deductions. Payments towards child support arrearage shall not be deducted to arrive at net income.)
- The financial needs of the child(ren) have increased by reason of age and the cost of living changes.
- The obligations and rights of the parties and the child(ren) to provide or receive health care require review and modification.
- Other: [Please describe] _____

OR

- It has been at least three (3) years since a court reviewed the child support and, if appropriate, petitioner would like the court to adjust the order in accordance with the child support guidelines. (There is no need for a showing of a change of circumstances if it has been at least three years since the previous order.)

WHEREFORE, Respondent respectfully requests:

1. The Court set a hearing on the ***Response and Counterclaim to Petition for Modification of Child Support and Judgment for Arrears***;
2. The parties be ordered to complete and file ***Confidential Financial Affidavits*** as provided by Wyo. Stat. § 20-2-308;
3. The Court review and modify the child support order to an amount consistent with the Wyoming Child Support Guidelines;
4. The Court review and modify the medical insurance obligation and the allocation of costs not covered by medical insurance, if requested;
5. If applicable, the Court enter a judgment for child support arrears and for unpaid medical expenses not covered by medical insurance;

6. Other: _____

7. For such other and further relief as the Court deems necessary and just.

STATE OF WYOMING)
) ss.
COUNTY OF _____)

The Defendant, _____, under the penalty of perjury, verifies that she/he has read the *Counterclaim*, knows the contents of the *Counterclaim*, and that the statements in the *Counterclaim* are true to the best of her/his own knowledge. (Truthfulness. It is absolutely essential that you be completely honest and accurate in completing all forms. There are penalties for attempting to mislead the court. You should read Wyoming Rules of Civil Procedure, Rule 11 (representations to court) and Wyoming Statute § 6-5-301 (perjury).)

DATED this _____ day of _____, 20_____.

Signature
Printed Name: _____
Address: _____

Phone Number: _____

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

Witness my hand and official seal.

Notary Public / Court Clerk

My Commission Expires:

CERTIFICATE OF SERVICE

I certify that on _____ (date) the original of this document was filed with the Clerk of District Court; and, a true and accurate copy of this document was served on the other party by Hand Delivery OR Faxed to this number _____ OR by placing it in the United States mail, postage pre-paid, and addressed to the following:

TO: _____

Your signature

Print name

-----Fill in, if applicable-----
Pursuant to Rule 102(a)(1)(B) of the Wyoming Uniform Rules of District Court the following attorney has participated in the preparation of this pleading but said attorney is NOT deemed to have entered an appearance in this matter:

Attorney's Name

Attorney's Address/Telephone:

STATE OF WYOMING)
) ss
COUNTY OF _____)

IN THE DISTRICT COURT
_____ JUDICIAL DISTRICT

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

Civil Action Case No. _____

**ORDER REQUIRING COMPLETION
OF CONFIDENTIAL FINANCIAL AFFIDAVITS**

An action seeking establishment of a child support order pursuant to Wyo. Stat. §20-2-301 et seq., as amended has been filed;

NOW THEREFORE IT IS HEREBY ORDERED that the parties complete and sign under oath a “Confidential Financial Affidavit” in accordance with Wyo. Stat. §20-2-308 in a form substantially conforming to that approved by the Wyoming Supreme Court and available through the clerk of this court.

IT IS FURTHER ORDERED THAT the financial affidavits of the parties shall be supported with documentation of both current and past earnings. Suitable documentation of current earnings includes but is not limited to pay stubs, employer statements, or receipts and expenses if self-employed. Documentation of current earnings shall be supplemented with copies of the most recent tax return to provide verification of earnings over a longer period.

IT IS FURTHER ORDERED that, attached to the financial affidavit, each party shall file with the clerk of this court and supply to the other party the following information:

- 1) Copies of the last two years income tax returns;
- 2) Copies of **all** W-2 forms from the last two years; and
- 3) Copies of statements of earnings from each employer showing cumulative pay for this year to date. **Parents who are self-employed must supply verified income and expense statements from their business for the two most recent years.**

IT IS FURTHER ORDERED that the completed Confidential Financial Affidavit be returned within 30 days from the date of this order to the other party or his/her attorney and to the following:

Clerk of District Court

Address: _____

IT IS FURTHER ORDERED that after the parties have exchanged financial information they shall either jointly or separately complete a Child Support Computation form in an attempt to settle child support issues. The parties are encouraged to agree to a temporary and a final support order set according to the Wyoming Child Support Guidelines.

DATED this _____ day of _____, 20____.

District Court Judge

Copies sent to:

Petitioner's name and address: _____

Respondent's name and address: _____

STATE OF WYOMING)
) ss
COUNTY OF _____)

IN THE DISTRICT COURT

JUDICIAL DISTRICT

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

Civil Action Case No. _____

**CONFIDENTIAL
FINANCIAL AFFIDAVIT
W.S. §20-2-308**

A financial affidavit must be completed by each parent. You must attach copies of your tax returns and W-2 forms for the most recent two years and a copy of a cumulative earning statement for the current year. **Parents who are self-employed must supply verified income and expense statements from their business for the two most recent years.**

All financial affidavits and records required by law to be attached to the affidavit shall constitute a confidential file and are subject to inspection by persons other than the parties, their attorneys or the department of family services to the extent necessary to enforce the Child Support Enforcement Act and the Uniform Interstate Family Support Act only by court order. (Wyo. Stat. § 20-2-308(d))

THE UNDERSIGNED, (Print Name) _____, hereby swears or affirms, under penalty of perjury, that the following answers are correct and complete.

PERSONAL INFORMATION

1. Your name: (First, Middle, Last) _____
Gender: Male Female
2. (a) Your present address: _____
City, State, Zip Code: _____
Your home phone number: () _____

A message phone number: () _____

How long have you resided at this location? _____

(b) If your mailing address is different than the above address, please provide your mailing address:

3. Your Social Security Number is: _____

4. Check all that apply: Employed Self-Employed Both Unemployed

Parents who are self-employed must supply verified income and expense statements from their business for the last two years.

5. (a) Your present employer: _____

(b) Employer's address: _____

City, State, Zip Code: _____

Employer's phone: _____

(c) Your occupation: _____

6. Your work experience for the last three years is as follows:

COMPANY AND LOCATION	DATES FROM - TO	JOB DESCRIPTION/TITLE	SALARY OR WAGE	REASON YOU LEFT

7. (a) Your education is: _____ years high school; _____ years college; _____ years trade school; _____ years other _____.

(b) List your degree(s) or certificate(s) in _____.

8. List the children you are legally responsible for supporting and *who live with you*:

Child's Name	Birth Date	Social Security No.	COURT AND DATE OF ORDER	SUPPORT/MONTH	ARREARS (Amount Past Due)

9. List any court-ordered support obligation for children who *do not* live with you:

Child's Name	Birth Date	Social Security No.	COURT AND DATE OF ORDER	SUPPORT/MONTH	ARREARS (Amount Past Due)

10. If you are the parent of any children *not named above*, list them below:

Child's Name	Birth Date	Social Security No.	COURT AND DATE OF ORDER	SUPPORT/MONTH	ARREARS (Amount Past Due)

11. If you contribute to the support of any children for whom you have no legal obligation, list below:

Child's Name	Birth Date	Social Security No.	Does this child live with you?	OTHER PARENT'S NAME AND ADDRESS	YOUR RELATIONSHIP TO THE CHILD
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		

12. List all child(ren) involved in this civil matter:

Child's Name	Birth Date	Social Security No.	Does this child live with you?	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No

13. Do you owe back child support (arrears) in this case? If so, how much? \$_____.

14. Do you owe back child support (arrears) on any other child support obligations? If so, how much? (List **total of all support arrearages for all children, except this case**). \$_____.

15. Means tested benefits (POWER Program, Health Care Benefits under Title XIX of the Social Security Act or similar state program, General Assistance, Food Stamps, Supplemental Security Income, etc.) are being provided to your children, as follows:

CHILD'S NAME	BIRTH DATE	STATE	TYPE OF BENEFIT	AMOUNT OF BENEFIT

INCOME & EXPENSE INFORMATION

16. (a) List pay dates or otherwise describe pay schedule: _____
- weekly
 - every two weeks
 - twice per month (i.e. 1st and 15th of every month)
 - monthly
 - annually

My gross income** (before deductions) is: \$_____ per month. (Convert annual, bi-monthly, and weekly amounts to monthly amounts).

**** Gross income (includes tips, commission and bonuses. Monthly amounts are calculated by multiplying weekly amount by 52 and dividing by 12; multiplying bi-weekly amounts by 26 and dividing by 12; and multiplying semi-monthly amounts by 24 and dividing by 12.**

(b) Please list the deductions taken out of your check by your employer:
(Please provide copies of pay-stubs for all payroll deductions)

Mandatory Deductions		Voluntary Deductions, Continued	
Federal Income Tax		Health, Dental, Vision Insurance	
Social Security Tax		Dues	
Medicare Tax		Bonds	
Current child support for other children		Stock Purchase Plan	
Retirement/Pension deductions (mandatory deductions only)		Flex Benefit Cafeteria Plan	
Other -		Disability Insurance	
Other -		Life Insurance	
Voluntary Deductions		Charity	
Bank/Credit Union (savings)		Child Care	
Bank/Credit Union (loan)		Other -	
Retirement/Deferred Compensation		Other -	
Filing Status: _____		Total Monthly Deductions:	\$
No. of Dependents Claimed: _____		Total Monthly Net Income***	\$

***** Net income means gross income less personal income taxes, social security deductions, cost of dependent health care coverage for all dependent children, actual payments being made under preexisting support order for current support of other children, other court-ordered support obligations currently being paid and mandatory pension deductions. Payments towards child support arrearage shall not be deducted to arrive at net income.**

(c) How many hours do you work each week?
 Regular _____ Overtime _____ Total _____
 Is the overtime listed above expected to continue on a consistent basis? YES NO
 How often do you receive overtime compensation? _____

(d) Date of your last salary increase or decrease: _____.

17. **YOUR INCOME FROM ALL OTHER SOURCES** (Include the monthly average of annual or sporadic income; also include any government benefits):

AMOUNT	INCOME SOURCE	ADDRESS OF SOURCE

--	--	--

18. Has anyone been ordered to provide health insurance, or is there any other medical provision in an existing court order?

Check one: YES NO

If yes, explain: _____

19. Are the child(ren) involved in this case covered by health insurance?

Check one: YES NO

If yes, list the children covered below:

You must provide current written proof from your insurance carrier verifying the names of the actual person(s) covered under your policy.

20. **Attached to this affidavit are:**

1) copies of my last two years income tax returns,

2) copies of my W-2 Forms for the last two years, and

3) copies of statements of earnings from each of my employers showing

cumulative pay for this year. Parents who are self-employed must supply verified income and expense statements from their business for the two most recent years.

PERJURY STATUTE

21. Wyoming Statute § 6-5-301, (1977, as amended) [Perjury] provides:

(a) A person commits perjury if, while under a lawfully administered oath or affirmation, he knowingly testifies falsely or makes a false affidavit, certificate, declaration, deposition or statement, in a judicial, legislative or administrative proceeding in which an oath or affirmation may be required by law, touching a matter material to a point in question.

(b) Perjury is a felony punishable by imprisonment for not more than five (5) years, a

CERTIFICATE OF SERVICE

I certify that on _____ (date) the original of this document was filed with the Clerk of District Court; and, a true and accurate copy of this document was served on the other party by Hand Delivery OR Faxed to this number _____ OR by placing it in the United States mail, postage pre-paid, and addressed to the following:

TO: _____

Your signature

Print name

DO NOT FILE WITH CONFIDENTIAL FINANCIAL AFFIDAVIT.
FOR COMPUTATION PURPOSES ONLY.
EFFECTIVE JULY 1, 2005.

§ 20-2-304. Presumptive child support:

(i) One (1) child:

Net Monthly Income of Both Parents	Percentage of Income Allocated For One Child	Base Support Plus Marginal Percentage
\$ 833.00	26.2	\$ 218.00 + 24.3% over \$ 833.00
\$ 2,083.00	25.1	\$ 522.00 + 23.3% over \$ 2,083.00
\$ 2,917.00	24.6	\$ 716.00 + 12.9% over \$ 2,917.00
\$ 3,750.00	22.0	\$ 824.00 + 10.7% over \$ 3,750.00
\$ 5,000.00	19.2	\$ 958.00 + 9.9% over \$ 5,000.00
\$ 6,667.00	16.8	\$ 1,122.00 + 9.4% over \$ 6,667.00
\$ 8,958.00	14.9	\$ 1,338.00 + 5.9% of anything over \$8,958.00

(ii) Two (2) children:

Net Monthly Income of Both Parents	Percentage of Income Allocated For Two Children	Base Support Plus Marginal Percentage
\$ 833.00	36.8	\$ 307.00 + 33.8% over \$833.00
\$ 2,083.00	35.0	\$ 729.00 + 31.9% over \$2,083.00
\$ 2,917.00	34.1	\$ 995.00 + 16.4% over \$2,917.00
\$ 3,750.00	30.2	\$ 1,131.00 + 13.1% over \$3,750.00
\$ 5,000.00	25.9	\$ 1,295.00 + 12.5% over \$5,000.00
\$ 6,667.00	22.5	\$ 1,503.00 + 12.5% over \$6,667.00
\$ 8,958.00	20.0	\$ 1,790.00 + 7.0% of anything over \$8,958.00

(iii) Three (3) children:

Net Monthly Income of Both Parents	Percentage of Income Allocated For Three Children	Base Support Plus Marginal Percentage
\$ 833.00	42.7	\$ 356.00 + 38.7% over \$ 833.00
\$ 2,083.00	40.3	\$ 840.00 + 36.4% over \$ 2,083.00
\$ 2,917.00	39.2	\$ 1,144.00 + 16.8% over \$ 2,917.00
\$ 3,750.00	34.2	\$ 1,284.00 + 13.3% over \$ 3,750.00
\$ 5,000.00	29.0	\$ 1,450.00 + 13.7% over \$ 5,000.00
\$ 6,667.00	25.2	\$ 1,677.00 + 12.2% over \$ 6,667.00
\$ 8,958.00	21.9	\$ 1,958.00 + 7.7% of anything over \$8,958.00

(iv) Four (4) children:

Net Monthly Income of Both Parents	Percentage of Income Allocated For Four Children	Base Support Plus Marginal Percentage
\$ 833.00	47.6	\$ 397.00 + 43.2% over \$ 833.00
\$ 2,083.00	45.0	\$ 937.00 + 40.6% over \$ 2,083.00
\$ 2,917.00	43.7	\$ 1,275.00 + 18.7% over \$ 2,917.00
\$ 3,750.00	38.2	\$ 1,431.00 + 14.8% over \$ 3,750.00
\$ 5,000.00	32.3	\$ 1,616.00 + 15.2% over \$ 5,000.00
\$ 6,667.00	28.1	\$ 1,870.00 + 13.7% over \$6,667.00
\$ 8,958.00	24.4	\$ 2,183.00 + 8.6% of anything over \$8,958.00

(v) Five (5) or more children:

Net Monthly Income of Both Parents	Percentage of Income Allocated For Five Children	Base Support Plus Marginal Percentage
\$ 833.00	52.4	\$ 436.00 + 47.5% over \$ 833.00
\$ 2,083.00	49.5	\$ 1,030.00 + 44.7% over \$ 2,083.00
\$ 2,917.00	48.1	\$ 1,403.00 + 20.6% over \$ 2,917.00
\$ 3,750.00	42.0	\$ 1,575.00 + 16.3% over \$ 3,750.00
\$ 5,000.00	35.6	\$ 1,778.00 + 16.8% over \$ 5,000.00
\$ 6,667.00	30.9	\$ 2,057.00 + 15.0% over \$ 6,667.00
\$ 8,958.00	26.8	\$ 2,402.00 + 9.4% of anything over \$ 8,958.00

DO NOT FILE WITH CONFIDENTIAL FINANCIAL AFFIDAVIT.
FOR COMPUTATION PURPOSES ONLY. EFFECTIVE JULY 1, 2005.

CHILD SUPPORT COMPUTATION FORM

A. COMPUTATION OF BASIC SUPPORT OBLIGATIONS: WYO. STAT. §20-2-304		
1.	Mother's Net Monthly Income:	\$
2.	Father's Net Monthly Income:	\$
3.	Combined Net Monthly Income:	\$
4.	Using the support tables for presumptive support at Wyo. Stat. § 20-6-304 (a) the basic joint support obligation of the parents.	\$
5.	Mother's Proportionate Share: Line 1/Line 3 x Line 4 =	\$
6.	Father's Proportionate Share: Line 2/Line 3 x Line 4 =	\$
		\$
		SUPPORT DUE

NOTE: If the custody of the children is shared or split as defined under Wyo. Stat. § 20-2-304 (c) and (d) other formulas apply. If “split” (meaning each parent has physical custody of at least one (1) child), the amount shall be allocated to each parent based upon the number of those children in the physical custody of that parent (See subsection C below). If “shared” with each parent having actual overnight custody of the children for a certain percentage of time, the amount will be allocated based on the percentage of time, see below.

<p>B. SHARED CUSTODY: Wyo. Stat. § 20-2-304 (c) provides for special support computation of support when each parent keeps the children overnight for more than forty percent (40%) of the year <i>and</i> both parents contribute substantially to the expenses of the children <i>in addition to</i> the payment of child support. If this is the custodial arrangement, support may be computed as follows assuming all other statutory provisions apply.</p>				
7.	a) Percent of year children will reside overnight with mother.	_____ %	b) percent of year children will reside overnight with father.	_____ %
8.	Mother's support obligation: Line 5 x Line 7b			\$ _____
9.	Father's support obligation : Line 6 x Line 7a			\$ _____
10.	MONTHLY SUPPORT DUE: The difference between lines 8 and 9 represents the net monthly support due from the parent having the greater support obligation.			\$ _____

<p>C. SPLIT CUSTODY: Wyo. Stat. §20-2-304 (d) provides for special computations of support when each parent has physical custody of at least one (1) child. In such cases the support should be computed as follows:</p>		
11.	Joint presumptive support per child: Line 4 ÷ Total children of parents.	\$ _____
12.	Mother's support obligation for children in custody of father: Line 1/Line 3 x Number of children with father x Line 11	\$ _____
13.	Father's support obligation for children in custody of mother: Line 2/Line 3 x Number of children with mother x Line 11	\$ _____
14.	MONTHLY SUPPORT DUE: The difference between lines 12 and 13 represents the net monthly support due from the parent having the greater support obligation.	\$ _____

STATE OF WYOMING)
) ss
COUNTY OF _____)

IN THE DISTRICT COURT
_____ JUDICIAL DISTRICT

Petitioner: _____,)
(Print name of person filing))

Civil Action Case No. _____

vs.)

Respondent: _____.)
(Print name of other party)

AFFIDAVIT OF IMPUTED INCOME

(Only use this form if you are unable to get the other party to complete a *Confidential Financial Affidavit*)

I, _____, of lawful age, first being duly sworn upon my
(print name)
oath, depose and state as follows:

1. I am the Petitioner Respondent in the above-captioned matter.
2. I am not able to get a *Confidential Financial Affidavit* from the other party because: _____.
3. The other party has certifications, degrees, education or training relevant to his/her employability as follows: _____

4. Explain, to the best of your knowledge, the other party's work history or other sources of income for the previous two years: _____

5. His/her income for this year is unknown, as she/he has not provided financial information and has failed, neglected or otherwise refused to file a *Confidential Financial Affidavit*.
6. I do do not have copies of the last two year's income tax returns showing the amount earned by Petitioner Respondent. ATTACH

ANY TAX RETURNS, W-4s, CHECK STUBS OR OTHER INFORMATION ABOUT THE OTHER PARTY'S INCOME TO THIS DOCUMENT.

If you have information about the other parent's previous or current employment by area and occupation, you may be able to get information regarding wages by visiting the U.S. Department of Labor Bureau of Labor Statistics website for wage information by area and occupation <http://www.bls.gov/bls/blswage.htm>. Attach any relevant documentation to this Affidavit.

7. Petitioner's Respondent's income is based on him/her being paid:

- _____ weekly
- _____ every two weeks
- _____ twice per month (i.e. 1st and 15th of every month)
- _____ monthly
- _____ annually

Convert annual, bi-weekly, bi-monthly, and weekly amounts to *monthly* amounts below.

**** Gross income (includes tips, commission and bonuses.) Monthly amounts are calculated by multiplying weekly amount by 52 and dividing by 12; multiplying bi-weekly amounts by 26 and dividing by 12; and multiplying semi-monthly amounts by 24 and dividing by 12; annually by dividing by 12. If only the "gross income" is known, multiply that number by .25 (or other number if instructed by Court) and then subtract that amount from the gross to arrive at the net monthly income. If the other party has a history of only working for minimum wage or less, and is capable, to your knowledge of working 40 hours/week, the court may impute his/her income at \$1,135.00 net monthly for a noncustodial parent and \$1,160.50 net monthly for a custodial parent. You may call your local child support enforcement office for more information on imputing a custodial or non-custodial parent's wage. Federal minimum wage is \$7.25/hour as of July 1, 2009.**

8. Petitioner's Respondent's estimated gross income (before deductions) is: \$_____ *per month*, to the best of my information and belief.

"Income" means any form of payment or return in money or in kind to an individual, regardless of source. Income includes, but is not limited to wages, earnings, salary, commission, compensation as an independent contractor, temporary total disability, permanent partial disability and permanent total disability worker's compensation payments, unemployment compensation, disability, annuity and retirement benefits, and any other payments made by any payor, but shall not include any earnings derived from overtime work unless the court, after considering all overtime earnings derived in the preceding twenty-four (24) month period, determines the overtime earnings can reasonably be expected to continue on a consistent basis. In determining income, all reasonable unreimbursed legitimate business expenses shall be deducted. Means tested sources of income such as Pell grants, aid under the personal opportunities with employment responsibilities (POWER) program, food stamps and supplemental security income (SSI) shall not be considered as income. Gross income also means potential income of parents who are voluntarily unemployed or underemployed.

"Net income" means income as defined in footnote 1, less personal income taxes, social security deductions, cost of dependent health care coverage for all dependent children, actual payments being made under preexisting support orders for current support of other children, other court-ordered support obligations currently being paid and mandatory pension deductions. Payments towards child support arrearage shall not be deducted to arrive at net income.

CERTIFICATE OF SERVICE

I certify that on _____ (date) the original of this document was filed with the Clerk of District Court; and, a true and accurate copy of this document was served on the other party by Hand Delivery OR Faxed to this number _____ OR by placing it in the United States mail, postage pre-paid, and addressed to the following:

TO: _____

Your signature

Print name

STATE OF WYOMING)
) ss
COUNTY OF _____)

IN THE DISTRICT COURT
_____ JUDICIAL DISTRICT

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

Civil Action Case No. _____

ACKNOWLEDGEMENT AND ACCEPTANCE OF SERVICE

I, _____, hereby
(Print Respondent's Name)
acknowledge receipt of a copy of the *Petition to Modify Child Support and Judgment for Arrears* filed in this case and the *Summons* issued by the clerk. I waive any requirement for other service of process (Rule 4(m)(2)(v), Wyoming Rules of Civil Procedure). I agree to answer or otherwise plead within 20 days from this date (30 days if copies of the papers were received outside of Wyoming). I understand that if I fail to file a response or other pleadings with the clerk of this court and serve the same upon the Petitioner in accordance with the Wyoming Rules of Civil Procedure within the time limits stated, I will be in default and Petitioner may be afforded the relief demanded in the *Petition to Modify Child Support and Judgment for Arrears* without a trial or other hearing.

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 notary seal.

Notary Public / Court Clerk

CERTIFICATE OF SERVICE

I certify that on _____ (date) the original of this document was filed with the Clerk of District Court; and, a true and accurate copy of this document was served on the other party by Hand Delivery OR Faxed to this number _____ OR by placing it in the United States mail, postage pre-paid, and addressed to the following:

TO: _____

Your signature

Print name

STATE OF WYOMING)
) ss
COUNTY OF _____)

IN THE DISTRICT COURT
_____ JUDICIAL DISTRICT

Petitioner: _____,)
(Print name of person filing))

Civil Action Case No. _____

vs.)

Respondent: _____.)
(Print name of other party)

AFFIDAVIT TO ALLOW SERVICE BY PUBLICATION

STATE OF WYOMING)
) ss.
COUNTY OF _____)

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

1. I am the Petitioner in the above referenced matter. Service of a *Summons* cannot be made within this state on the Respondent.
2. The Respondent's address is: (if unknown, got to #3)

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 Respondent 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

3. The 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. Thus I have made the following efforts to obtain the 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 Respondent and my letter was returned [a copy is attached].
- I have contacted the Respondent's known relatives and they cannot supply a current address.
- Other: _____

4. I am requesting service by publication in this action as it is an 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 notary seal.

 Notary Public / Court Clerk

My commission expires:

STATE OF WYOMING)
) ss
COUNTY OF _____)

IN THE DISTRICT COURT
_____ JUDICIAL DISTRICT

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

Civil Action Case No. _____

NOTICE OF PUBLICATION

NOTICE TO _____, RESPONDENT

CURRENT ADDRESS: _____

You are notified that a *Petition for Modification of Child Support and Judgment for Arrears*, Civil Action No. _____, has been filed in the Wyoming District Court for the _____ Judicial District, whose address is _____, seeking to modify child custody and child support, if appropriate. Unless you file a *Response* or otherwise respond to this *Petition* within 30 days following the last date of publication of this notice, a *Default Judgment* will be taken against you and an *Order Modifying Child Support and Judgment for Arrears* will be granted.

DATED this ____ day of _____, 20____.

BY CLERK OF COURT:

Clerk of District Court / Deputy

STATE OF WYOMING)
) ss
COUNTY OF _____)

IN THE DISTRICT COURT
_____ JUDICIAL DISTRICT

Petitioner: _____,)
(Print name of person filing))

Civil Action Case No. _____

vs.)

Respondent: _____.)
(Print name of other party)

AFFIDAVIT FOLLOWING SERVICE BY PUBLICATION

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

- 1. I am the Petitioner in the above-referenced matter.
- 2. The Respondent's address was known and Respondent resided out-of-state. The Respondent was served by publication once a week for four consecutive weeks and more than 30 days have elapsed since the date of the last publication. A copy of the *Affidavit of Publisher* is attached. A copy of the notice was sent by the Clerk of District Court, certified mail to the Respondent; and
 - a copy of the green card was signed and is included in the court's file; or
 - the letter was not signed for, see envelope in the court file.

OR The Respondent's address was unknown despite diligent efforts to discover the address. The Respondent was served by publication once a week for four consecutive weeks. More than 30 days have elapsed since the last publication. A copy of the *Affidavit of Publisher* is attached.

FURTHER, your affiant sayeth not.

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 notary seal.

Notary Public / Court Clerk

My commission expires: _____

STATE OF WYOMING)
) ss
COUNTY OF _____)

IN THE DISTRICT COURT
_____ JUDICIAL DISTRICT

Petitioner: _____,)
(Print name of person filing))

Civil Action Case No. _____

vs.)

Respondent: _____.)
(Print name of other party)

AFFIDAVIT TO ALLOW SERVICE BY REGISTERED OR CERTIFIED MAIL

STATE OF WYOMING)
) ss.
COUNTY OF _____)

The Petitioner-Affiant, being duly sworn upon her/his oath and being of legal age, hereby states and alleges as follows:

1. I am the Petitioner in the above referenced matter. Service of *Summons* cannot be made within the state.
2. The Respondent's address is: _____

3. In accordance with Wyoming Rules of Civil Procedure 4(1)(2), upon the request of any party the clerk shall send by registered or certified mail a copy of the *Petition to Modify Child Support and Judgment for Arrears* and *Summons* addressed to the party to be served at the address given in this affidavit. The mail shall be sent marked "**Restricted Delivery**", requesting a return receipt signed by the addressee or the addressee's agent who has been specifically authorized in writing by a form acceptable to, and deposited with, the postal authorities. When such return receipt is received signed by the addressee or the addressee's agent the clerk shall file the same and enter a certificate in the cause showing the making of such service.
4. That I am requesting service by certified mail because the Respondent cannot be served within the state.

FURTHER, I swear under penalty of perjury that the information provided in 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 notary seal.

Notary Public / Court Clerk

My commission expires:

STATE OF WYOMING)
) ss
COUNTY OF _____)

IN THE DISTRICT COURT
_____ JUDICIAL DISTRICT

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

Civil Action Case No. _____

APPLICATION FOR ENTRY OF DEFAULT

The Petitioner submits this *Application for Entry of Default* for a default judgment against the Respondent, _____, who has been served the *Petition for Modification of Child Support and Judgment for Arrears* according to the *Certificate of Service* dated _____, and has failed to reply to or otherwise respond, and the time allowed by law for doing so has now expired. Application is made to enter the default against the Respondent according to law.

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 notary seal.

Notary Public / Court Clerk

My commission expires:

CERTIFICATE OF SERVICE

I certify that on _____ (date) the original of this document was filed with the Clerk of District Court; and, a true and accurate copy of this document was served on the other party by Hand Delivery OR Faxed to this number _____ OR by placing it in the United States mail, postage pre-paid, and addressed to the following:

TO: _____

Your signature

Print name

STATE OF WYOMING)
) ss
COUNTY OF _____)

IN THE DISTRICT COURT
_____ JUDICIAL DISTRICT

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

Civil Action Case No. _____

AFFIDAVIT OF PETITIONER IN SUPPORT OF DEFAULT

STATE OF WYOMING)
) ss.
COUNTY OF _____)

THE PETITIONER, who is of lawful age being first duly sworn deposes and states as follows:

1. Petitioner has filed a *Petition for Modification of Custody and/or Support* in this case.
2. The Respondent was served with a copy of the *Petition* and *Summons* by a duly authorized Deputy or the Sheriff of _____ County, State of _____ on _____. OR
 (insert date)
 An *Affidavit to Allow Service by Publication* was filed and the Respondent was served by publication in the _____ Newspaper on the following dates: _____ OR
 The Respondent filed an *Acceptance of Service* acknowledging that on _____ (insert date) he/she received a *Petition for Modification* and the *Summons*. OR
 The Respondent was served with a copy of the *Petition* and *Summons* by Certified Mail, Restricted Delivery, Return Receipt requested on _____ (insert date), as evidenced by the green postal signature card attached.
3. More than 20 days (if served in Wyoming); 30 days (if served outside of Wyoming by publication or by Certified Mail), excluding the day of service, has elapsed since the date of service.

4. That the Respondent failed to answer or otherwise plead as required by law. The Respondent is not a minor nor incompetent and is not in the military service of the United States. This Affidavit is executed for the purpose of enabling Petitioner to obtain an *Entry of Default* against the Respondent.

DATED this _____ day of _____, 20__.

Signature

Printed Name: _____

Address: _____

Phone Number: _____

Subscribed and sworn to before me by _____ this
_____ day of _____, 20__.

Witness my hand and official seal.

Notary Public / Court Clerk

My Commission Expires:

STATE OF WYOMING)
) ss
COUNTY OF _____)

IN THE DISTRICT COURT
_____ JUDICIAL DISTRICT

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

Civil Action Case No. _____

ENTRY OF DEFAULT

The Clerk of District Court, pursuant to the Petitioner's Respondent's *Application for Entry of Default* and *Affidavit in Support of Default*, does hereby enter default against the Petitioner Respondent for failure to plead or otherwise defend as provided by the Wyoming Rules of Civil Procedure, as appears from examination of the records and files herein or the return upon the original *Summons* filed in this cause.

DATED this _____ day of _____, 20____.

CLERK OF THE DISTRICT COURT

BY: _____

Copies sent to:
Petitioner's name and address: _____

Respondent's name and address: _____

Clerk of District Court
Addresses

**First Judicial District,
Laramie County**

Clerk of District Court
P.O. Box 787
Cheyenne, Wyoming 82003
(307) 633-4270

**Second Judicial District,
Albany County**

Clerk of District Court
P.O. Box 1106
Laramie, Wyoming 82070
(307) 721-2508

**Second Judicial District,
Carbon County**

Clerk of District Court
P.O. Box 67
Rawlins, Wyoming 82301
(307) 328-2628

**Third Judicial District,
Lincoln County**

Clerk of District Court
925 Sage Avenue
Kemmerer, Wyoming 83101
(307) 877-3320

**Third Judicial District,
Sweetwater County**

Clerk of District Court
P.O. Box 430
Green River, WY 82935
(307) 872-6448

**Third Judicial District,
Uinta County**

Clerk of District Court
P.O. Box 1906
Evanston, Wyoming 82931
(307) 783-0456

**Fourth Judicial District,
Johnson County**

Clerk of District Court
76 North Main
Buffalo, Wyoming 82834
(307) 684-7271

**Fourth Judicial District,
Sheridan County**

Clerk of District Court
224 S. Main Street, Suite B11
Sheridan, Wyoming 82801
(307) 674-2960

**Fifth Judicial District, Big
Horn County**

Clerk of District Court
P.O. Box 670
Basin, Wyoming 82410-0670
(307) 568-2381

**Fifth Judicial District, Hot
Springs County**

Clerk of District Court
415 Arapahoe
Thermopolis, Wyoming
82443
(307) 864-3323

**Fifth Judicial District, Park
County**

Clerk of Court
P.O. Box 1960
Cody, Wyoming 82414-1960
(307) 527-8690

**Fifth Judicial District,
Washakie County**

Clerk of District Court
P.O. Box 862
Worland, Wyoming 82401
(307) 347-4821

**Sixth Judicial District,
Campbell County**

Clerk of District Court
P.O. Box 817
Gillette, Wyoming 82717
(307) 682-3424

**Sixth Judicial District,
Crook County**

Clerk of District Court
P.O. Box 904
Sundance, Wyoming 82729
(307) 283-2523

**Sixth Judicial District,
Weston County**

Clerk of District Court
1 West Main
Newcastle, Wyoming 82701
(307) 746-4778

**Seventh Judicial District,
Natrona County**

Clerk of District Court
P.O. Box 2510
Casper, Wyoming 82602
(307) 235-9243

**Eight Judicial District,
Converse County**

Clerk of District Court
107 North 5th St
Douglas, Wyoming 82633
(307) 358-3165

**Eight Judicial District,
Goshen County**

Clerk of District Court
P.O. box 818
Torrington, Wyoming
82240-0818
(307) 532-2155

**Eight Judicial District,
Niobrara County**

Clerk of District Court
P.O. Box 1318
Lusk, Wyoming 82225
(307) 334-2736

**Eight Judicial District,
Platte County**

Clerk of District Court
P.O. Box 158
Wheatland, Wyoming 82201
(307) 322-3857

**Ninth Judicial District,
Fremont County**

Clerk of District Court
P.O. Box 370
Lander, Wyoming 82520
(307) 332-1134

**Ninth Judicial District,
Sublette County**
Clerk of District Court
P.O. Box 764
Pinedale, Wyoming 82941
(307) 367-4376

**Ninth Judicial District,
Teton County**
Clerk of District Court
P.O. Box 4460
Jackson, Wyoming 83001
(307) 733-2533

STATE OF WYOMING)
) ss
COUNTY OF _____)

IN THE DISTRICT COURT
_____ JUDICIAL DISTRICT

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

Civil Action Case No. _____

**ORDER MODIFYING CHILD SUPPORT
AND JUDGMENT FOR ARREARS**

THIS MATTER having come before the Court upon the *Petition for Modification of Child Support and Judgment for Arrears*; and the Court, having reviewed the file herein, having heard the arguments of the parties, if applicable, and otherwise being fully advised in the premises, FINDS:

1. This Court has jurisdiction over the parties and the subject matter of these proceedings.

2. Respondent was served with the *Petition for Modification of Child Support and Judgment for Arrears* [check one]:

Personally on the following date _____

in the following state: _____.

By publication. (*Copy of Affidavit of Publication must be filed*).

Respondent accepted service (*Acknowledgement and Acceptance of Service* filed with court and Respondent's signature must be notarized).

By *Registered or Certified Mail* (return receipt must be filed

and Clerk must have entered certificate of service).

3. Respondent filed a

response/answer

a counter-petition/counterclaim (if so, did petitioner file a reply to counterclaim?) yes no

no response (default must be entered, unless there is a waiver of right to answer)

no response but both parties have signed and agreed to the entry of this Order.

4. **[Check the appropriate box]**

An Order for child support was entered on _____ [date] by this Court; or

An Order for child support was entered on _____ [date] by the _____ Court, _____ County, State of _____

5. The Order provided for support of the following minor child(ren):

CHILD'S FULL NAME	DATE OF BIRTH

(If you need more space, please attach a separate sheet of paper.)

6. Presumptive Child Support Calculation (“Imputed income” can be used when either parent is voluntarily unemployed or underemployed. In such case the child support shall be computed based upon the potential earning capacity (imputed income) of the unemployed or underemployed parent. See factors considered by court in the instruction section of pro se packet.)

A. Based upon the custody arrangement of the parties’ minor child(ren), and as required by Wyo. Stat. § 20-2-304, the presumptive support obligation is

\$_____ per month. Monthly Presumptive Child Support for _____ **[insert number]** of child(ren) is as follows:

1. Father’s net monthly income is: \$_____

2. Mother’s net monthly income is: \$_____

3. Total child support obligation of both parents is: \$_____

4. Father’s presumptive child support obligation is: \$_____

5. Mother’s presumptive child support obligation is: \$_____

7. **CHECK ONE:**

- The child(ren) receive(s) means tested income (such as POWER, health care benefits under Title XIX (19) of the Social Security Act, food stamps, supplemental security income (SSI) or other similar benefits);
- The child(ren) DO NOT receive(s) any means tested income.

8. Consideration of factors to deviate from presumptive support: No agreement which is less than the presumed child support amount shall be approved if means tested sources of income such as aid under the personal opportunities with employment responsibilities (POWER) program, health care benefits under Title XIX of the Social Security Act, food stamps, supplemental security income (SSI) or other similar benefits are being paid on behalf of any of the children.

[Check the appropriate box]

Deviations are not appropriate in this case; or

The parties agree that allowance and consideration should be, or have been, made based on the following statutory factors set forth in Wyo. Stat. § 20-2-307(b) (See instructions for deviation factors): _____

_____. **[List the reason why child support should be deviated upward or downward.]** Therefore, presumptive child support would be unjust or inappropriate for the immediate future. Based on the deviation reason(s) above, child support shall be set at \$_____ per month.

9. Previous Support Order: According to the terms of the most recent court order, _____ **[Name]** was ordered to pay \$_____ per month for the support of the child(ren) named in paragraph 3.

10. **[Check the appropriate box]**

A. Modification and Retroactive Application: The child support order has not been entered or modified within the six (6) months prior to the filing of the Petition for Modification. Applying the child support guidelines established in Wyo. Stat. § 20-2-304, the child support amount will change by twenty percent (20%) or more per month from the amount of child support required by the existing order. This modification shall be retroactive to _____ **[Date respondent received service of the Petition to Modify]** or _____ **[Date]**;

OR

B. Since the date of the last order, there has been a substantial and material change of circumstances which warrants modifying the child support and/or medical insurance obligations. The change in circumstances is: _____

OR

C. It has been at least three (3) years since a court reviewed the child support and, an adjustment is just and proper in accordance with the child support guidelines.

11. Judgment of Arrears: [Check all the boxes that apply]

_____ [Name] is in arrears in the support obligation in the amount of \$ _____ from _____ [Date of previous support order] through _____ [Last day of the month before this Order is filed] for which judgment shall be entered; and/or

_____ [Name] owes unpaid medical expenses in the amount of \$ _____ from _____ [Date of the order establishing medical support] through _____ [Last day of the month before this Order is filed], for which judgment shall be entered.

IT IS HEREBY ORDERED THAT:

12. Judgment for past due support, including medical support if applicable, is hereby entered against _____ [Name] in the amount of \$ _____ through _____ [Date].

13. Payment of Judgment: Beginning _____ [Date], _____ [Name] shall pay \$ _____ per month in addition to current support towards the judgment of \$ _____ [total amount of judgment listed in paragraph 9] until the judgment is paid and satisfied in full.

14. Future Child Support: Child support shall continue during the minor child's minority, and beyond if the child has a mental, emotional or physical impairment preventing emancipation, or while the child is attending high school or an equivalent program as a full-time student between the ages of 18 and 20. Child support shall terminate if, during the child's minority, the child marries, is emancipated, becomes self-supporting or dies.

15. A. Amount: _____ [Name] shall pay \$ _____ per month for the support of the minor child(ren) listed in paragraph 5 beginning _____ [Date]. The support obligation shall be paid on the same day of each month thereafter until termination of the support order.

B. Place of Payment: All child support payments shall be paid to the Clerk of District Court, whose address is: _____

(See *District Court Clerks' Addresses* in the packet). The clerk shall forward the support payments to the receiving parent at the address provided by that parent to the clerk. Payments must be made with cashier's checks and money orders unless the clerk otherwise informs you.

16. Abatement (Temporary Relief from Paying Child Support): Child support may abate or decrease by one-half (1/2) of the daily support obligation for each day the non-custodial parent has physical custody of the child for whom support is due, **ONLY IF** the non-custodial parent has custody of the child for more than fifteen (15) consecutive days and if approved by the Court.

REQUIREMENTS:

- A. The non-custodial parent **MUST FILE** any claim for child support abatement with the clerk of the court within thirty (30) days after the period for which abatement is claimed and must pay ten dollars (\$ 10.00) to the clerk when filed.
- B. The clerk will then mail a copy of the claim to the custodial parent.
- C. The custodial parent can object or dispute any abatement claim by filing an objection with the clerk of court within thirty (30) days of the date the clerk mailed the notice to the custodial parent and paying ten dollars (\$ 10.00) to the clerk.
- D. The clerk will mail a copy of the objection to the non-custodial parent.
- E. Claims or objections not filed in a timely manner *or* not accompanied by the ten dollar fee will be rejected.

17. **MEDICAL INSURANCE PAYMENTS AND EXPENSES** : Either or both of the parents shall provide medical support, which may include dental, optical or other health care needs for their dependent children if insurance can be obtained through an employer or other group carrier, or if it is otherwise reasonably available as follows:

- A. Mother, OR Father OR Both parents are/is ordered to provide medical insurance for the minor child(ren). (It is important to understand that both parents have an obligation to ensure that their child or children have medical insurance coverage even if the state is currently providing such coverage, either or both parents may be required to pay the state back

for the expenses incurred in providing medical insurance coverage for the child or children.)

B. The party or parties ordered to provide insurance shall submit to the court and to the other parent or the other parent's representative written proof that the insurance has been obtained or that application for insurability has been made within sixty (60) days of entry of this Order.

C. Proof of insurance coverage shall contain, at a minimum:

- (i) The name of the insurer;
- (ii) The policy number;
- (iii) The address to which all claims should be mailed;
- (iv) A description of any restrictions on usage, such as pre-approval for hospital admission, and the manner in which to obtain pre-approval;
- (v) A description of all deductibles; and
- (vi) Two (2) copies of claim forms.

D. **INSURANCE INFORMATION:** The obligated parent(s) shall provide written notice to the clerk of this court and to the other parent if insurance coverage for any child is denied, revoked, or altered in any way that would affect the other parent (i.e. change to child's coverage, including any change relating to the information required above).

E. **UNCOVERED MEDICAL EXPENSES:** The parties shall pay any non-covered expenses, which may include dental, optical or other health care expenses incurred by any person or agency on behalf of a child if the expenses are not covered by insurance; the Mother paying _____% of uncovered expenses and Father paying _____% of uncovered expenses including co-payments and deductibles.

F. **CHANGES TO INSURANCE:** The obligated parent(s) shall provide written notice to the clerk of this court and to the other parent if insurance coverage for any child is denied, revoked or altered in any way that would affect the other parent including any change relating to the information required in Paragraph 15.C. in compliance with **Wyo. Stat. §20-2-401(c)**.

18. Enforcement: Either party has the right to petition to enforce an order pursuant to Wyo. Stat. §20-2-310, including asking the court to enforce and require future compliance with an order, by finding the obligated parent to be in contempt of court, award attorney fees, costs and any other relief as the court may deem necessary under the circumstances. Wyoming law (Wyo. Stat. §1-16-102(c)) states that any payment of child support not paid when due shall automatically become a judgment against the parent who is supposed to pay on the due date. Any child support which is not paid within thirty-two (32) calendar days from the date due is subject to an automatic late payment penalty in an amount equal to ten percent (10%) of the amount of the judgment by operation of law.

19. Change of Employment or Address: Each parent shall inform the other parent and the clerk of court in writing of any change of address or employment:

A. Change of Employment Status: So long as there is a child support obligation, each parent shall notify the other parent and the clerk of this court, in writing, on forms available from the Court, within fifteen (15) days of any change in employment, including second jobs, changed employers, starting or ending unemployment compensation, and starting or ending of workers compensation, or any other change in income.

B. Change of Address: So long as there is a child support obligation, if either parent plans to change his or her address, that parent must notify the other parent and the clerk of this court, in writing, on forms available from the clerk of this Court, no later than fifteen (15) days **prior** to the day of the move, the destination of the move and the proposed move date.

20. Income Withholding Order: [**Check one box**]

An Immediate Income Withholding Order shall be entered, pursuant to Wyo. Stat. § 20-6-201 et seq., as amended, for all sums awarded herein; OR

Good cause exists for delaying entry of an Immediate Income Withholding Order: _____

_____ [**List the reasons for not requiring an income withholding order**]

However, an Income Withholding Order shall be entered and will become effective upon the earliest of the following (1) The date the obligor requests withholding commence; or (2) The date the obligor becomes delinquent in payment of an amount equal to one (1) month's support obligation under the support order.

21. Required Information: Parties and children to this action:

NAME	ADDRESS	DATE OF BIRTH	PLACE OF BIRTH
PARENT:			
PARENT:			
CHILD:			

CHILD:			
CHILD:			

(Attach a separate sheet of paper, if necessary)

22. Required Information:

Name of Mother's Employer	Address of Mother's Employer

Name of Father's Employer	Address of Father's Employer

23. Either party or, when appropriate, the department of family services has the right to petition to enforce an order. See Wyo. Stat. §20-2-310.

24. Any provision of the previous support order not specifically addressed or modified herein shall remain in full force and effect.

25. **LIMITED REPRESENTATION:** Following Rule 1.2(c) of the Wyoming Rules of Professional Conduct, any attorney who has entered a limited appearance for the purpose of obtaining an *Order Modifying Child Support* is now discharged.

SO ORDERED this _____ day of _____, 20__.

DISTRICT COURT JUDGE

STATE OF WYOMING)
) ss
COUNTY OF _____)

IN THE DISTRICT COURT
_____ JUDICIAL DISTRICT

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

Civil Action Case No. _____

**REDACTED ORDER MODIFYING CHILD SUPPORT
AND JUDGMENT FOR ARREARS**

THIS MATTER having come before the Court upon the *Petition for Modification of Child Support and Judgment for Arrears*; and the Court, having reviewed the file herein, having heard the arguments of the parties, if applicable, and otherwise being fully advised in the premises, FINDS:

1. This Court has jurisdiction over the parties and the subject matter of these proceedings.
2. Respondent was served with the *Petition for Modification of Child Support and Judgment for Arrears*; [check one]:

Personally on the following date _____

in the following state: _____.

By publication. (*Copy of Affidavit of Publication must be filed.*)

Respondent accepted service. (*Acknowledgement and Acceptance of Service* filed with court and Respondent's signature must be notarized.)

By *Registered or Certified Mail*. (Return receipt must be filed

and Clerk must have entered certificate of service.)

3. Respondent filed a

response/answer

a counter-petition/counterclaim (if so, did petitioner file a reply to counterclaim?) yes no

no response (default must be entered, unless there is a waiver of right to answer).

no response, but both parties have signed and agreed to the entry of this Order.

4. **[Check the appropriate box]**

An Order for child support was entered on _____ [date] by this Court; or

An Order for child support was entered on _____ [date] by the _____ Court, _____ County, State of _____.

5. The Order provided for support of the following minor child(ren):

CHILD'S INITIALS	YEAR OF BIRTH

(If you need more space, please attach a separate sheet of paper)

6. **Presumptive Child Support Calculation** (“Imputed income” can be used when either parent is voluntarily unemployed or underemployed. In such case the child support shall be computed based upon the potential earning capacity (imputed income) of the unemployed or underemployed parent. See factors considered by court in the instruction section of pro se packet.)

A. Based upon the custody arrangement of the parties’ minor child(ren), and as required by Wyo. Stat. § 20-2-304, the presumptive support obligation is

\$_____ per month. Monthly Presumptive Child Support for _____ **[insert number]** of child(ren) is as follows:

1. Father’s net monthly income is: \$_____

2. Mother’s net monthly income is: \$_____

3. Total child support obligation of both parents is: \$_____

4. Father’s presumptive child support obligation is: \$_____

5. Mother’s presumptive child support obligation is: \$_____

7. **CHECK ONE:**

- The child(ren) receive(s) means tested income (such as POWER, health care benefits under Title XIX (19) of the Social Security Act, food stamps, supplemental security income (SSI) or other similar benefits);
- The child(ren) DO NOT receive(s) any means tested income.

8. Consideration of factors to deviate from presumptive support: No agreement which is less than the presumed child support amount shall be approved if means tested sources of income such as aid under the personal opportunities with employment responsibilities (POWER) program, health care benefits under Title XIX of the Social Security Act, food stamps, supplemental security income (SSI) or other similar benefits are being paid on behalf of any of the children.

[Check the appropriate box]

Deviations are not appropriate in this case; or

The parties agree that allowance and consideration should be, or have been, made based on the following statutory factors set forth in Wyo. Stat. § 20-2-307(b) (See instructions for deviation factors): _____

_____. **[List the reason why child support should be deviated upward or downward.]** Therefore, presumptive child support would be unjust or inappropriate for the immediate future. Based on the deviation reason(s) above, child support shall be set at \$_____ per month.

9. Previous Support Order: According to the terms of the most recent court order, _____ **[Name]** was ordered to pay \$_____ per month for the support of the child(ren) named in paragraph 3.

10. **[Check the appropriate box]**

A. Modification and Retroactive Application: The child support order has not been entered or modified within the six (6) months prior to the filing of the Petition for Modification. Applying the child support guidelines established in Wyo. Stat. § 20-2-304, the child support amount will change by twenty percent (20%) or more per month from the amount of child support required by the existing order. This modification shall be retroactive to _____ **[Date respondent received service of the Petition to Modify]** or _____ **[Date]**;

OR

B. Since the date of the last order, there has been a substantial and material change of circumstances which warrants modifying the child support and/or medical insurance obligations. The change in circumstances is: _____

OR

C. It has been at least three (3) years since a court reviewed the child support and, an adjustment is just and proper in accordance with the child support guidelines.

11. Judgment of Arrears: [Check all the boxes that apply]

_____ [Name] is in arrears in the support obligation in the amount of \$ _____ from _____ [Date of previous support order] through _____ [Last day of the month before this Order is filed] for which judgment shall be entered; and/or

_____ [Name] owes unpaid medical expenses in the amount of \$ _____ from _____ [Date of the order establishing medical support] through _____ [Last day of the month before this Order is filed], for which judgment shall be entered.

IT IS HEREBY ORDERED THAT:

12. Judgment for past due support, including medical support, if applicable, is hereby entered against _____ [Name] in the amount of \$ _____ through _____ [Date].

13. Payment of Judgment: Beginning _____ [Date], _____ [Name] shall pay \$ _____ per month in addition to current support towards the judgment of \$ _____ [total amount of judgment listed in paragraph 9] until the judgment is paid and satisfied in full.

14. Future Child Support: Child support shall continue during the minor child's minority, and beyond if the child has a mental, emotional or physical impairment preventing emancipation, or while the child is attending high school or an equivalent program as a full-time student between the ages of 18 and 20. Child support shall terminate if, during the child's minority, the child marries, is emancipated, becomes self-supporting or dies.

15. A. Amount: _____ [Name] shall pay \$ _____ per month for the support of the minor child(ren) listed in paragraph 5 beginning

_____ **[Date]**. The support obligation shall be paid on the same day of each month thereafter until termination of the support order.

B. Place of Payment: All child support payments shall be paid to the Clerk of District Court, whose address is: _____

(See *District Court Clerks' Addresses* in the packet). The clerk shall forward the support payments to the receiving parent at the address provided by that parent to the clerk. Payments must be made with cashier's checks and money orders unless the clerk otherwise informs you.

16. Abatement (Temporary Relief from Paying Child Support): Child support may abate or decrease by one-half (1/2) of the daily support obligation for each day the non-custodial parent has physical custody of the child for whom support is due, **ONLY IF** the non-custodial parent has custody of the child for more than fifteen (15) consecutive days and if approved by the Court.

REQUIREMENTS:

- A. The non-custodial parent **MUST FILE** any claim for child support abatement with the clerk of the court within thirty (30) days after the period for which abatement is claimed and must pay ten dollars (\$10.00) to the clerk when filed.
- B. The clerk will then mail a copy of the claim to the custodial parent.
- C. The custodial parent can object or dispute any abatement claim by filing an objection with the clerk of court within thirty (30) days of the date the clerk mailed the notice to the custodial parent and paying ten dollars (\$10.00) to the clerk.
- D. The clerk will mail a copy of the objection to the non-custodial parent.
- E. Claims or objections not filed in a timely manner *or* not accompanied by the ten dollar fee will be rejected.

17. **MEDICAL INSURANCE PAYMENTS AND EXPENSES**: Either or both of the parents shall provide medical support, which may include dental, optical or other health care needs for their dependent children if insurance can be obtained through an employer or other group carrier, or if it is otherwise reasonably available as follows:

- A. Mother, OR Father OR Both parents are/is ordered to provide medical insurance for the minor child(ren). (It is important to understand that both parents have an obligation to ensure that their child or children have medical insurance coverage even if the state is currently providing such coverage, either or both parents may be required to pay the state back for the expenses incurred in providing medical insurance coverage for the child or children.)

B. The party or parties ordered to provide insurance shall submit to the court and to the other parent or the other parent's representative written proof that the insurance has been obtained or that application for insurability has been made within sixty (60) days of entry of this Order.

C. Proof of insurance coverage shall contain, at a minimum:

- (i) The name of the insurer;
- (ii) The policy number;
- (iii) The address to which all claims should be mailed;
- (iv) A description of any restrictions on usage, such as pre-approval for hospital admission, and the manner in which to obtain pre-approval;
- (v) A description of all deductibles; and
- (vi) Two (2) copies of claim forms.

D. **INSURANCE INFORMATION:** The obligated parent(s) shall provide written notice to the clerk of this court and to the other parent if insurance coverage for any child is denied, revoked, or altered in any way that would affect the other parent (i.e. change to child's coverage, including any change relating to the information required above).

E. **UNCOVERED MEDICAL EXPENSES:** The parties shall pay any non-covered expenses, which may include dental, optical or other health care expenses incurred by any person or agency on behalf of a child if the expenses are not covered by insurance; the Mother paying _____% of uncovered expenses and Father paying _____% of uncovered expenses including co-payments and deductibles.

F. **CHANGES TO INSURANCE:** The obligated parent(s) shall provide written notice to the clerk of this court and to the other parent if insurance coverage for any child is denied, revoked or altered in any way that would affect the other parent including any change relating to the information required in Paragraph 15.C. in compliance with **Wyo. Stat. §20-2-401(c)**.

18. **Enforcement:** Either party has the right to petition to enforce an order pursuant to Wyo. Stat. §20-2-310, including asking the court to enforce and require future compliance with an order, by finding the obligated parent to be in contempt of court, award attorney fees, costs and any other relief as the court may deem necessary under the circumstances. Wyoming law (Wyo. Stat. §1-16-102(c)) states that any payment of child support not paid when due shall automatically become a judgment against the parent who is supposed to pay on the due date. Any child support which is not paid within thirty-two (32) calendar days from the date due is subject to an automatic late payment penalty in an amount equal to ten percent (10%) of the amount of the judgment by operation of law.

19. Change of Employment or Address: Each parent shall inform the other parent and the clerk of court in writing of any change of address or employment:

A. Change of Employment Status: So long as there is a child support obligation, each parent shall notify the other parent and the clerk of this court, in writing, on forms available from the Court, within fifteen (15) days of any change in employment, including second jobs, changed employers, starting or ending unemployment compensation, and starting or ending of workers compensation, or any other change in income.

B. Change of Address: So long as there is a child support obligation, if either parent plans to change his or her address, that parent must notify the other parent and the clerk of this court, in writing, on forms available from the clerk of this Court, no later than fifteen (15) days **prior** to the day of the move, the destination of the move and the proposed move date.

20. Income Withholding Order: [**Check one box**]

An Immediate Income Withholding Order shall be entered, pursuant to Wyo. Stat. § 20-6-201 et seq., as amended, for all sums awarded herein; OR

Good cause exists for delaying entry of an Immediate Income Withholding Order: _____

_____ [**List the reasons for not requiring an income withholding order.**] However, an Income Withholding Order shall be entered and will become effective upon the earliest of the following (1) The date the obligor requests withholding commence; or (2) The date the obligor becomes delinquent in payment of an amount equal to one (1) month's support obligation under the support order.

21. Required Information: Parties and children to this action:

NAME	ADDRESS	YEAR OF BIRTH	PLACE OF BIRTH
PARENT:			
PARENT:			
INITIALS OF CHILD:			

INITIALS OF CHILD:			
INITIALS OF CHILD:			

(Attach a separate sheet of paper, if necessary.)

22. Required Information:

Name of Mother's Employer	Address of Mother's Employer

Name of Father's Employer	Address of Father's Employer

23. Either party or, when appropriate, the department of family services has the right to petition to enforce an order. See Wyo. Stat. §20-2-310.

24. Any provision of the previous support order not specifically addressed or modified herein shall remain in full force and effect.

25. **LIMITED REPRESENTATION:** Following Rule 1.2(c) of the Wyoming Rules of Professional Conduct, any attorney who has entered a limited appearance for the purpose of obtaining an *Order Modifying Child Support* is now discharged.

SO ORDERED this _____ day of _____, 20__.

DISTRICT COURT JUDGE

CHECK ONLY ONE BOX AND SIGN WHERE INDICATED IN THAT SECTION ONLY:

If the parties have agreed:

I certify that I have read the foregoing *Order Modifying Child Support* and that I agree to the terms and agree to entry of the Order.

Petitioner's signature

Respondent's signature

If default has been entered and the Respondent did not respond:

The above is true and accurate and I want the court to approve:

Petitioner's Signature

If a court hearing was held:

APPROVED AS TO FORM:

Petitioner's signature

Respondent's signature

I certify that I have read the foregoing *Order Modifying Child Support and Judgment for Arrears* and that I understand and agree to the terms and agree to the entry of this Order.

Petitioner's Signature

STATE OF _____)
) ss
COUNTY OF _____)

Subscribed and sworn to before me by _____,
this _____ day of _____, _____.

Witness my hand and official seal

Notary Public / Court Clerk

My Commission Expires:

I certify that I have read the foregoing *Order Modifying Child Support and Judgment for Arrears* and that I understand and agree to the terms and agree to the entry of this Order.

Respondent's signature

STATE OF _____)
) ss
COUNTY OF _____)

Subscribed and sworn to before me by _____,
this _____ day of _____, _____.

Witness my hand and official seal:

Notary Public / Court Clerk

My Commission Expires:

Copies sent to:

Petitioner's name and address: _____

Respondent's name and address: _____

STATE OF WYOMING)
) ss
COUNTY OF _____)

IN THE DISTRICT COURT
_____ JUDICIAL DISTRICT

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

Civil Action Case No. _____

CONFIDENTIAL INFORMATION FORM

This form and the attached documents are confidential pursuant to the Wyoming Rules Governing Access to Court Records and Redactions From Court Records and are to be sealed when filed:

Attach copy of *Order Modifying Child Support and Judgment for Arrears* that includes dates of birth of the Petitioner and Respondent and names and dates of birth of the child(ren).

Other: _____.

DATED this _____ day of _____, 20__.

Filed by:

Signature

Printed Name: _____

Address: _____

Phone Number: _____

STATE OF WYOMING)
) ss
COUNTY OF _____)

IN THE DISTRICT COURT
_____ JUDICIAL DISTRICT

Petitioner: _____,)
(Print name of person filing))

Civil Action Case No. _____

vs.)

CONFIDENTIAL

Respondent: _____.)
(Print name of other party)

CONFIDENTIAL STATEMENT FOR CHILD SUPPORT ORDER

The following information shall remain confidential and subject to inspection by persons other than the parties, their attorneys or the department of family services to the extent necessary to enforce the Child Support Enforcement Act and the Uniform Interstate Family Support Act **only by court order** and contains the:

1. The name and social security number of each parent:

Name of Petitioner: _____

Petitioner's Social Security Number: _____

Date of Birth: _____

Name of Respondent: _____

Respondent's Social Security Number: _____

Date of Birth: _____

2. The name and social security number of the child or children for whom child support has been ordered:

Child's Name: _____

Child's Social Security Number: _____

Date of Birth: _____

Child's Name: _____

Child's Social Security Number: _____

Date of Birth: _____

Child's Name: _____
Child's Social Security Number: _____
Date of Birth: _____

Child's Name: _____
Child's Social Security Number: _____
Date of Birth: _____

DATED this _____ day of _____, 20____.

IN WITNESS WHEREOF, we have hereunto set our hands the day and year first above written.

Signature
Printed Name: _____
Address: _____

Phone Number: _____

CERTIFICATE OF SERVICE

I certify that on _____ (date) the original of this document was filed with the Clerk of District Court; and, a true and accurate copy of this document was served on the other party by Hand Delivery OR Faxed to this number _____ OR by placing it in the United States mail, postage pre-paid, and addressed to the following:

TO: _____

Your signature

Print name

STATE OF WYOMING)
) ss
COUNTY OF _____)

IN THE DISTRICT COURT
_____ JUDICIAL DISTRICT

Petitioner: _____,)
(Print name of person filing))

Civil Action Case No. _____

vs.)

Respondent: _____.)
(Print name of other party)

INCOME WITHHOLDING ORDER

THE COURT ORDERS any payor of the _____
(name of Obligor, person owing child support), to pay child support to
_____ (name of Obligee, person owed child support) commencing on
_____ (date). Payments are due on the _____ day of every
_____ (specify time period, i.e. monthly). Total arrears (past due support) owed as
of _____ (date) for child support is \$_____.

The Court orders the immediate activation of an *Income Withholding Order* against the obligor, pursuant to Wyo. Stat. § 20-6-204.

Income withheld must be paid through the Clerk of the District Court or the State Child Support Disbursement Unit at the following address for forwarding to the obligee: _____

OR

Pursuant to Wyo. Stat. § 20-6-204, this *Income Withholding Order* is not subject to immediate activation because either:

Both parties have agreed in writing to an alternative arrangement. (When the parties agree to an alternative arrangement, the arrangement shall be in writing, signed by the parties and reviewed and entered in the record by the court.)

OR

The Court finds there is good cause not to require the immediate activation of an *Income Withholding Order* because: (The court shall include in the record its findings of good cause, including a statement explaining why implementation of immediate income withholding would not be in the best interests of the child and, in cases involving modification of child support, proof of timely payments.)

Any income withholding order not subject to immediate activation shall become effective upon the date the obligor requests withholding commence; or the date the obligor becomes delinquent in payment of an amount equal to one (1) month's support obligation under the support order as set forth in Wyo. Stat. § 20-6-205.

IT IS FURTHER ORDERED that upon receipt of a *Notice to Payor* from the Clerk of District Court, every employer or other person now or in the future owing income to the obligor shall comply with all terms of the notice and shall withhold a portion of the obligor's income and remit it to the Clerk of District Court or as otherwise noted in accordance with the terms of the notice.

For purposes of this order: "INCOME" means any form of periodic payment or return in money to an individual, regardless of source. Income includes, but is not limited to wages, earnings, salary, commission, compensation as an independent contractor, temporary total disability and permanent partial disability, worker's compensation payments, unemployment compensation, disability, annuity and retirement benefits, and any other payment made by any payor.

Furthermore, no employer may discharge, discipline, refuse employment to, or otherwise penalize an obligor because of this *Income Withholding Order*.

IT IS FURTHER ORDERED that the payor comply with all the terms of the *Notice to Payor* and all subsequent notices from the Clerk served upon the payor;

The last known addresses of the obligor and obligee are as follows*:

Obligor (person owing child support): _____

Address: _____

* The parties' social security numbers are included in a separate *Confidential Statement of the Parties*.
Income Withholding Order
Revised February 2011
Page 2 of 3

Obligee (person to receive child support): _____

Address: _____

IT IS, FURTHER, ORDERED that each party shall notify the Clerk of District Court, in writing, on forms available from the Clerk, within fifteen (15) days of any changes in address or employment status.

At the time an *Income Withholding Order* is entered, the Clerk shall mail a copy of the income withholding order and the support order to the last known address of the obligor and the obligee.[†]

DATED this _____ day of _____, 20____.

BY THE COURT:

District Court Judge

Copies sent to:

Petitioner's name and address: _____

Respondent's name and address: _____

[†] Include addressed and stamped envelopes for copies when filing Income Withholding Order with the clerk.

STATE OF WYOMING)
) ss
COUNTY OF _____)

IN THE DISTRICT COURT

JUDICIAL DISTRICT

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

Civil Action Case No. _____

NOTICE TO PAYOR

Original Amended Termination

TO: [Employer's/Withholder's Name/Address] _____

1. You shall remit all sums withheld from the obligor's income to the clerk of district court or the State Disbursement Unit as set forth in paragraph 3 of this *Notice to Payor*. By law, you are required to deduct these amounts from the above-named employee's/obligor's income, until further notice, even if the Order/Notice is not issued by your State.

2. **Withholding Amount:** The total amount to be withheld from the obligor's income is calculated as follows:

\$ _____ Per _____ Current child support
\$ _____ Per _____ Past due child support
Arrears greater than 12 weeks? yes no
\$ _____ Per _____ Current cash medical support
\$ _____ Per _____ Past-due cash medical support
\$ _____ Per _____ Spousal support
\$ _____ Per _____ Past-due spousal support
\$ _____ Per _____ Other (specify) _____

Total Amount Due Upon receipt of certified copies of the notice to payor and the income withholding order, the payor shall deduct and pay over a total of \$ _____ per month weekly bi-weekly semi-monthly to be withheld from the obligor's income starting the _____ day of _____, 20_____, and continuing until further order of the Court.

3. **REMITTANCE INFORMATION:** When remitting payment, provide the case identifier, the name and social security number of the obligor and the date the income was withheld. If the employee's/obligor's principal place of employment is Wyoming, you must begin withholding no later than the first pay period that occurs following service on the payor of this Order/Notice.

Send payment **within 7 working days** of the pay date/date of withholding. You do not have to vary your pay cycle to be in compliance with the support order.

A. The payor shall remit the amount withheld to the clerk of district court, whose address is: _____

_____ within **seven (7) days** after the date the obligor is paid, or (if checked)

The State Disbursement Unit, Wyoming Child Support Enforcement, PO Box 1027, Cheyenne, WY 82003.

If the employee's/obligor's principal place of employment is not Wyoming, for limitations on withholding, applicable time requirements, and any allowable employer fees, follow the laws and procedures of the employee's/obligor's principal place of employment.

4. **Priority:** The withholding under this order has priority over any other legal process under state law (or tribal law, if applicable) against the same income. Federal tax levies in effect before receipt of this order have priority. If Federal tax levies are in effect, please contact the State Child Support Enforcement Agency.

5. **Combined Payments:** You may combine withheld amounts from more than one employee's/obligor's income in a single payment to each agency/party requesting withholding. You must, however, separately identify the portion of the single payment that is attributable to each employee/obligor.

6. **Reporting the Pay Date/Date of Withholding:** You must report the pay date/date of withholding when sending the payment. The pay date/date of withholding is the date on which the amount was withheld from the employee's wages. You must comply with the law of the state of the employee's/obligor's principal place of employment with respect to the time periods within which you must implement the withholding and forward the support payments.

7. **Employee/Obligor with Multiple Support Withholdings:** If there is more than one Order or Notice against this employee/obligor and you are unable to honor all support Orders or Notices due to federal, state, or tribal withholding limits, you must follow the state or tribal law/procedure of the employee's/obligor's principal place of employment. You must honor all Orders or Notices to the greatest extent possible. (See **Withholding Limits** below.)

8. **Termination Notification:** Within thirty (30) days after the employee's/obligor's employment terminates or the employee/obligor ceases to receive income from the payor the payor shall give written notice to the clerk of district court. The notice shall include the following information:

THE EMPLOYEE/OBLIGOR NO LONGER WORKS FOR: _____

EMPLOYEE'S/OBLIGOR'S NAME: _____

CASE IDENTIFIER: _____

DATE OF SEPARATION FROM EMPLOYMENT: _____

LAST KNOWN HOME ADDRESS: _____

NEW EMPLOYER/ADDRESS: _____

9. **Continuing Duty:** For a period of one (1) year from the date the employee's/obligor's employment terminates with the payor, the payor shall, upon request, disclose to the Clerk of this Court, the following information:

- A. Any new address for the obligor of which the payor may become aware; and
- B. The name and address of the obligor's new employer, if known to the payor.

10. **Worker's Compensation and Unemployment:** In the case of worker's compensation or unemployment compensation benefits, nothing in W. S. 20-6-202(a)(i) or (xv) shall require a payor to withhold an amount for any type of support or arrearages not authorized to be withheld from those benefits by federal law or regulations.

11. **Change in Insurance Coverage:** If insurance coverage of the obligor's children is provided by or through the payor, the payor shall notify the clerk within thirty (30) days of any lapse or material change in that coverage.

12. The payor shall not be liable to the obligor for any payment or disclosure made as authorized by this act.

13. **Lump Sum Payments:** You may be required to report and withhold from lump sum payments such as bonuses, commissions, or severance pay. If you have any questions about lump sum payments, contact the Child Support Enforcement (IV-D) Agency.

14. **Withholding Limits:** The amount actually withheld for support combined with the fee authorized by W.S. 20-6-212(c) (five dollars (\$5.00) for each payment made pursuant to the income withholding order) shall not exceed the maximum amount authorized by 15 U.S.C. §1673.*

For state orders, you may not withhold more than the lesser of: 1) the amounts allowed by the Federal Consumer Credit Protection Act (15 U.S.C. § 1673(b)); or 2) the amounts allowed by the state of the employee's/obligor's principal place of employment. The federal limit applies to the aggregate disposable weekly earnings (ADWE). ADWE is the net income left after making mandatory deductions such as: state, federal, local taxes, Social Security taxes, statutory pension contributions, and Medicare taxes. The payor shall deduct the maximum amount required by this notice, unless otherwise ordered by the court, for each pay period.

* The Federal CCPA limit is 50% of the ADWE for child support and alimony, which is increased by 1) 10% if the employee does not support a second family; and/or 2) 5% if arrears greater than 12 weeks.

For tribal orders, you may not withhold more than the amounts allowed under the law of the issuing tribe. For tribal employers who receive a state order, you may not withhold more than the amounts allowed under the law of the state that issued the order.

CHILD(REN)'S INITIALS:

YEAR OF BIRTH:

1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

15. **Statutory Fee:** As authorized by Wyo. Stat. § 20-6-212(c), in addition to the amount withheld from the obligor's income, the payor may, subject to limitations of disposable income under W. S. §§ 20-6-210(b)(iii) and 27-3-319(c), deduct and retain from the obligor's remaining income \$5.00 for each payment made pursuant to the *Income Withholding Order*.

16. **Sanctions:** The payor is notified that payor is subject to the sanctions of Wyo. Stat. § 20-6-218, including the following:

A. **Liability:** Any payor who fails to withhold income in the amount specified in the *Notice to Payor* is liable for any amount up to the accumulated amount the payor should have withheld from the obligor's income and remitted to the clerk of this court.

B. **Anti-discrimination:** You are subject to a fine determined under State law for discharging an employee/obligor from employment, refusing to employ, or taking disciplinary action against any employee/obligor because of a child support withholding. The penalties imposed under Wyo. Stat. § 20-6-218 shall be collected from the violator and distributed by the court to the county public school fund. Before the court imposes a civil penalty, the payor accused of a violation shall be notified, in writing, of the specific nature of the alleged violation and the time and place, at least ten (10) days from the date of the notice, when a hearing of the matter shall be held. After hearing or upon failure of the accused to appear at the hearing, the court shall determine the amount of the civil penalty to be imposed in accordance with the limitation in Wyo. Stat. § 20-6-218.

C. Any payor who violates the provisions set forth in Wyo. Stat. § 20-6-202 et seq. is subject to a civil penalty in an amount of not more than two hundred dollars (\$200.00).

D. Penalties under Wyoming statutes shall not be imposed unless service of the notice to payor was completed by sending by certified mail return receipt requested to, or by personal service upon, the employer.

E. Except for a violation of subsection (B) of this section, an employer who complies in good faith with an income withholding order shall not be subject to civil liabilities.

F. If you have any doubts about the validity of the Order or Notice, contact the Child Support Enforcement Agency or Clerk of District Court.

17. **Duration:** The *Income Withholding Order* is binding upon the payor until further notice is received as provided in accordance with W.S. 20-6-210(a).

18. This *Notice to Payor* shall be prepared and filed with the Clerk before an *Income Withholding Order* is mailed to the payor.

DATED this _____ day of _____, 20__.

CLERK OF DISTRICT COURT

By: _____
Deputy

CERTIFICATE OF MAILING

The undersigned certifies that a copy of the *Notice to Payor* and a copy of the *Income Withholding Order* were mailed the _____ day of _____, 20____, by First-class U.S. mail, postage prepaid, or certified mail return receipt requested to the last known address of the payor (employer of the parent obligated to pay child support) and the obligor (parent owing support) as follows:

Employer/Payor's Address:

Employee/Obligor's Address:

Signature
Printed Name: _____
Address: _____

Phone Number: _____

STATE OF WYOMING)
) ss
COUNTY OF _____)

IN THE DISTRICT COURT
_____ JUDICIAL DISTRICT

Petitioner: _____,)
(Print name of person filing))

Civil Action Case No. _____

vs.)
)
Respondent: _____.)
(Print name of other party)

MOTION FOR _____
(describe what you are requesting from the Court)

I am the Petitioner Respondent in this action. I am requesting that:

(PLEASE PRINT CLEARLY)

My reasons are:

DATED this _____ day of _____, 20____.

Signature

Printed Name: _____

Address: _____

Phone Number: _____

CERTIFICATE OF SERVICE

I certify that on _____ (date) the original of this document was filed with the Clerk of District Court; and, a true and accurate copy of this document was served on the other party by Hand Delivery OR Faxed to this number _____ OR by placing it in the United States mail, postage pre-paid, and addressed to the following:

TO: _____

Your signature

Print name

STATE OF WYOMING)
) ss
COUNTY OF _____)

IN THE DISTRICT COURT
_____ JUDICIAL DISTRICT

Petitioner: _____,)
(Print name of person filing))

Civil Action Case No. _____

vs.)
)
Respondent: _____.)
(Print name other party)

RESPONSE TO MOTION FOR _____
(insert in name of motion)

I am the Petitioner Respondent in this action. I am requesting that:

(PLEASE PRINT CLEARLY)

My reasons are:

DATED this _____ day of _____, 20____.

Signature

Printed Name: _____

Address: _____

Phone Number: _____

CERTIFICATE OF SERVICE

I certify that on _____ (date) the original of this document was filed with the Clerk of District Court; and, a true and accurate copy of this document was served on the other party by Hand Delivery OR Faxed to this number _____ OR by placing it in the United States mail, postage pre-paid, and addressed to the following:

TO: _____

Your signature

Print name

STATE OF WYOMING)
) ss
COUNTY OF _____)

IN THE DISTRICT COURT
_____ JUDICIAL DISTRICT

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

Civil Action Case No. _____

ORDER ON MOTION FOR _____
(insert name of motion)

THIS MATTER, having come before the court on Petitioner's
Respondent's Motion for _____; and the court having considered the
same and being otherwise fully advised, hereby FINDS AS FOLLOWS: _____

IT IS THEREFORE ORDERED:

THE MOTION IS Denied Granted Other _____

SO ORDERED this _____ day of _____, 20_____.

DISTRICT COURT JUDGE

Copies sent to:

Petitioner's name and address: _____

Respondent's name and address: _____

STATE OF WYOMING)
) ss
COUNTY OF _____)

IN THE DISTRICT COURT

JUDICIAL DISTRICT

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

Civil Action Case No. _____

REQUEST FOR SETTING

The Petitioner Respondent, _____ (name) requests a time and date for a hearing/trial in the District Court. The hearing/trial will take approximately _____ hours/ _____ minutes and will address the following issues:

1. Child Custody/Support Modification (NOTE: If request is for a full trial, also submit the *Order Setting Trial and Requiring Pretrial Statements.*)
2. Child Support Modification (NOTE: If request is for a full trial, also submit the *Order Setting Trial and Requiring Pretrial Statements.*)
- 3.a. The parties have both signed the *Order Modifying Child Custody and/or Support*
OR
b. The parties are not able to agree on all of the terms of the divorce, including:
 - Allocation of parental responsibilities/custody
 - Child support
 - Motion for _____
 - Other: _____
4. Is a court reporter needed*: Yes No.

* Rule 905 of the Uniform Rules of District Courts of Wyoming sets forth the fee for court reporting. In all civil cases an appearance fee of \$45.00 shall be paid for each day, or any portion thereof, that evidence and testimony is received. This fee covers the reporting of all testimony or admissions made by either side, objections to the introduction of testimony, the ruling of the court thereon and the exceptions taken thereto. The fee also covers the reporting of motions made within the trial proceeding, the hearing on objections to jury instructions and the reporting of the verdict. This fee does not cover special services such as voir dire, motion hearings outside of a trial proceeding nor opening and closing statements.

Any party requesting the reporting of a particular matter by the official court reporter shall provide notice to the official court reporter at least five (5) working days before the matter is set for hearing. The five-day notice requirement will not be waived by the Court. The notice is required for all civil matters including jury trials. Payment of the statutory reporting fee of \$45.00 per day shall be paid to the official court reporter prior to the commencement of the hearing/trial. Checks for the statutory reporting fee shall be made payable to the Wyoming State Treasurer. Rule 904 Uniform Rules of the District Courts of the State of Wyoming.

DATED this _____ day of _____, 20____.

Signature
Printed Name: _____
Address: _____

Phone Number: _____

CERTIFICATE OF SERVICE

I certify that on _____ (date) the original of this document was filed with the Clerk of District Court; and, a true and accurate copy of this document was served on the other party by Hand Delivery OR Faxed to this number _____ OR by placing it in the United States mail, postage pre-paid, and addressed to the following:

TO: _____

Your signature

Print name

STATE OF WYOMING)
) ss
COUNTY OF _____)

IN THE DISTRICT COURT
_____ JUDICIAL DISTRICT

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

Civil Action Case No. _____

**ORDER SETTING MODIFICATION TRIAL
AND REQUIRING PRETRIAL STATEMENTS**

THIS MATTER having come before the Court upon a *Request for Setting*, and the Court being generally advised in the premises;

IT IS HEREBY ORDERED that a trial of the above matter is hereby scheduled for Courtroom No. ____ of the _____ County Courthouse, _____, Wyoming on the ____ day of _____, 20__ commencing at __:____ o'clock __.m.

(____) minutes/hour(s)/day(s) has been set aside for the trial of this matter.

IT IS FURTHER ORDERED that each party shall file and serve on the opposing party or their attorney, if represented, no later than five (5) days prior to the trial, the party's sworn statement setting forth the facts, to the best of the party's knowledge and belief, called for by Section "A" of the attached list of information, and a statement by counsel (attorney), if any, of the client's position and proof as called for by Section "B." These filings are required to narrow and simplify the issues, prevent surprise and to eliminate unnecessary proof. The material may be presented in narrative form but must be complete for purposes called for by this order. To avoid duplication, the parties or their attorneys, if any, may submit a joint statement of those items not in dispute.

Any party requesting the reporting of a particular matter by the official court reporter shall provide notice to the official court reporter at least five (5) working days before the matter is set for hearing. The five-day notice requirement will not be waived by the Court.

The notice is required for all civil matters including jury trials. Payment of the statutory reporting fee of \$45.00 per day shall be paid to the official court reporter prior to the commencement of the hearing/trial. Checks for the statutory reporting fee shall be made payable to the Wyoming State Treasurer. Rule 904 Uniform Rules of the District Courts of the State of Wyoming.

In the event that this case settles, the parties are informed that there will be no change in the scheduling of this matter by the Court until such time as the settlement is reduced to writing and a written agreement is presented to the court. There will be no continuances or canceling of the trial date based on telephone calls.

DATED this _____ day of ____, 20____.

DISTRICT COURT JUDGE

Copies to:

Petitioner's name and address: _____

Respondent's name and address: _____

SECTION "A"
SWORN STATEMENT OF PARTY

Items to be included:

1. Personal data and history relevant to the issues, including name, age, prior marriages, if any, children's initials, present living situation of the parties and their immediate family. For instance, where each party and the children are residing, with whom the children are residing, and how the children are being cared for during the day. This item calls for a brief but comprehensive statement of the party's personal history as it may relate to the divorce litigation.
2. Present employment, including identity and location of employer, nature of the job, length of employment, gross and net income and benefits, including health and accident coverage, if any, its convertibility to non-group plan in event of loss of employment, terms of retirement program, all deductions from salary or wages, and prospects for the continuation of the employment.
3. Employment history and employability, including previous employment and incomes, education, training and work experience affecting employability. Include any other factors substantially affecting employability.
4. Other income, whatever the source.
5. Any other information which counsel, or the party, believe to be material to the determination of the issues.

SECTION "B"
STATEMENT OF COUNSEL

Statement of the case by counsel of the client's position with respect to:

1. Amount of child support:
 - a. Amount called for by the child support guidelines;
 - b. Why, if it is urged, there should be departure from the guidelines.
2. Reasons, either in favor of or against modification of child custody and/or child support.
3. List of witnesses and specific summary of expected testimony.
4. Exhibits.

STATE OF WYOMING)
) ss
COUNTY OF _____)

IN THE DISTRICT COURT
_____ JUDICIAL DISTRICT

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

Civil Action Case No. _____

CONFIDENTIAL

**AFFIDAVIT OF INDIGENCY AND REQUEST FOR WAIVER
OF FILING FEES AND ALL FEES ASSOCIATED THEREWITH**

The applicant is entitled to and requests the court provide access to this State's judicial processes without payment of court fees, pursuant to *Boddie v. Connecticut*, 401 U.S. 371 (1971) (recognizing that in divorce proceedings, States must provide access to the courts without regard to a party's ability to pay court fees). Furthermore, pursuant to Wyo. Stat. §18-6-608, the court may waive the Sheriff's service fees upon an adequate showing of indigency.

THE UNDERSIGNED REQUESTS THE COURT TO WAIVE FILING FEES IN THE ABOVE MATTER. THE UNDERSIGNED FURTHER ADVISES THAT INFORMATION CONTAINED IN THIS AFFIDAVIT IS THE TRUTH, THE WHOLE TRUTH, AND NOTHING BUT THE TRUTH. I FURTHER AUTHORIZE THE COURT TO VERIFY ALL OR ANY PORTION OF THE FOLLOWING INFORMATION:

I. PERSONAL/LIVING ARRANGEMENTS/ RESIDENCE

1. My name is: _____
I am the Petitioner/Respondent in the above matter.
2. Year of Birth: _____ Place of Birth: _____
3. Marital Status: Married Separated Unmarried (single, divorced or widowed)
4. My spouse's name is: _____
5. I currently reside at: _____, _____, _____, _____ How Long? _____
(Physical Address) (City) (State) (Zip) (Yrs-Mos)
(a) If mailing address is different, please complete: _____

- (b) I live with: spouse friend roommate parents
6. My Home Number is: (_____) _____ My Work Number is: (_____) _____
 (a) I may be reached during the day at: (_____) _____
 (b) You can leave a message for me at: (_____) _____
 (c) My cell phone number is: (_____) _____

7. I own my home: YES or NO

If **you own** your home, then answer:

- (a) I owe \$ _____ on the mortgage.
 (b) The monthly mortgage payment is: \$ _____
 (c) The house I own could be sold for \$ _____
 (d) I pay lot rent of \$ _____/mo.

If you **do not** own your home, then answer:

- (e) I live with: _____
 (f) I pay \$ _____/mo. rent.
 (g) I gave the landlord a damage deposit of \$ _____
 (h) I pay lot rent of \$ _____/mo.

8. Previous Address: _____, _____, _____, _____
 (Street Address) (City) (State) (Zip)

9. How long at previous address? _____ (Yrs/Mos)

II. OCCUPATION/EMPLOYMENT/INCOME SOURCES:

10. My occupation/trade is: _____
 (a) I am employed by: _____
 (b) My monthly GROSS income (before deductions, tax, etc.) is: \$ _____
 (c) My monthly NET income (after deductions) is: \$ _____
 (d) I am unemployed, the last time I worked was: _____
 (e) My last place of employment was: _____
 (f) If currently unemployed, please disclose the amount of your last paycheck: \$ _____
 (g) I have the following OTHER sources of income:
- | | | | |
|--------------------------|--------------------|----------|--------------------------|
| <input type="checkbox"/> | Social Security | \$ _____ | |
| <input type="checkbox"/> | Workers' Comp. | \$ _____ | |
| <input type="checkbox"/> | TANF Benefits | \$ _____ | |
| <input type="checkbox"/> | Veteran's Benefits | \$ _____ | |
| <input type="checkbox"/> | Welfare | \$ _____ | |
| <input type="checkbox"/> | Child Support | \$ _____ | |
| <input type="checkbox"/> | Unemployment | \$ _____ | Wks/Mos Remaining: _____ |
| <input type="checkbox"/> | Other | \$ _____ | |

III. ASSETS:

11. I have the following cash, or other liquid assets, on hand: \$ _____

12. I and my spouse (if married) have the following savings and/or checking accounts:

NAME OF BANK	LAST 4 DIGITS OF ACCOUNT NO.	CURRENT BALANCE

13. I own the following vehicles, recreational vehicles, ATV's, motorcycles, tractors, boats, jet skis, etc:

YEAR	MAKE / MODEL	APPROX. VALUE

14. (a) My friends or family can give or loan me \$_____ for the expenses of this action.
 (b) I can borrow \$_____ for the expenses of this action.
 (c) I own other real estate (other than primary residence) worth approximately \$_____.
 (d) I do do not expect to receive a \$_____ tax refund on _____.
 (e) I am owed accounts receivable worth about \$_____.
 (f) I own machinery or equipment worth approximately \$_____.
 (g) Estimated value of household furniture and appliances is \$_____.
 (h) I own clothing and jewelry worth approximately \$_____.
 (i) I own guns worth approximately \$_____.
 (j) I own tools worth about \$_____.

IV. DEBTS/OBLIGATIONS:

15. I, or my spouse, (if married) have the following credit cards:

CREDIT CARD/LAST 4 DIGITS OF ACCOUNT #	MONTHLY PMT.	AMOUNT OWING	CREDIT LINE

16. I have the following monthly payments (including utilities, i.e. telephone, cable, etc.):

PAYABLE TO	MONTHLY EST. PMTS.	BALANCE OWING

17. I have remaining debt, as follows: (include to whom and the amount owed)

PAYABLE TO/ADDRESS/PHONE NUMBER	MONTHLY PMTS.	BALANCE OWING

V. OTHER:

18. The dependents I claim on my annual income tax returns are:

NAME (INITIALS ONLY)	RELATIONSHIP	NAME	RELATIONSHIP
1)		4)	
2)		5)	
3)		6)	

19. I have read, am familiar with, and understand the following law of the State of Wyoming:

“A person commits a felony punishable by imprisonment for not more than two (2) years, a fine of not more than two thousand dollars (\$2,000), or both, if, while under a lawfully administered oath or affirmation in a matter where an oath is authorized by law, he knowingly makes a false certificate, affidavit, acknowledgment, declaration or statement other than in a judicial or administrative proceeding.” Wyoming Statute § 6-5-303.

 Signature
 Printed Name: _____
 Address: _____

 Phone Number: _____

STATE OF WYOMING)
)
 COUNTY OF _____)

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

Witness my hand and notarial seal.

 Notary Public / Court Clerk

My Commission Expires: _____

STATE OF WYOMING)
) ss
COUNTY OF _____)

IN THE DISTRICT COURT

_____ JUDICIAL DISTRICT

Petitioner: _____,)
(Print name of person filing))

Civil Action Case No. _____

vs.)

Respondent: _____,)
(Print name of other party))

**ORDER ON REQUEST FOR WAIVER OF FILING FEES AND ALL FEES
ASSOCIATED THEREWITH**

This matter has come before the Court on the *Affidavit of Indigency and Request for Waiver of Filing Fees and All Fees Associated Therewith*. The Court having reviewed the Affidavit, the Court hereby finds and orders as follows:

1. The request for waiver of filing fees and all fees associated therewith, including service of process fees, is granted.
2. The request for waiver of filing fees and all fees associated therewith is denied.

DONE this _____ day of _____, 20____.

District Court Judge

Copies sent to:

Petitioner's name and address: _____

Respondent's name and address: _____

STATE OF WYOMING)
) ss
COUNTY OF _____)

IN THE DISTRICT COURT
_____ JUDICIAL DISTRICT

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

Civil Action Case No. _____

REPLY TO COUNTERCLAIM

Petitioner, hereby replies to Respondent's *Counterclaim for Modification* as follows:

1. Petitioner admits the allegations in Paragraphs _____
(list paragraphs that are accurate statements)
of Respondent's *Counterclaim*.
2. Petitioner denies the allegations in Paragraphs _____
(list paragraphs that you believe are not accurate)
of Respondent's *Counterclaim*.
3. Petitioner does not have information sufficient to either admit or deny the
allegations in Paragraphs _____ of Respondent's
(list paragraphs that you don't know are accurate or not)
Counterclaim.

WHEREFORE, Petitioner respectfully requests that the court find generally in her/his favor and against the Respondent, that Respondent take nothing by way of his/her *Counterclaim*, and for such other and further relief as the court deems just and proper.

DATED this _____ day of _____, 20____.

Signature
Printed Name: _____
Address: _____

Phone: _____

CERTIFICATE OF SERVICE

I certify that on _____ (date) the original of this document was filed with the Clerk of District Court; and, a true and accurate copy of this document was served on the other party by Hand Delivery OR Faxed to this number _____ OR by placing it in the United States mail, postage pre-paid, and addressed to the following:

TO: _____

Your signature

Print name

-----Fill in, if applicable-----
Pursuant to Rule 102(a)(1)(B) of the Wyoming Uniform Rules of District Court the following attorney has participated in the preparation of this pleading but said attorney is NOT deemed to have entered an appearance in this matter:

Attorney's Name

Attorney's Address/Telephone:

