

STATE OF WYOMING)
) ss
COUNTY OF _____)

IN THE DISTRICT COURT
_____ JUDICIAL DISTRICT

Plaintiff: _____)
(Print name of person filing))
)
vs.)
)
Defendant: _____)
(Spouse) (Print name)

Civil Action Case No. _____

CONFIDENTIAL

CONFIDENTIAL STATEMENT FOR CHILD SUPPORT ORDER

Pursuant to the requirements of Wyo. Stat. §20-2-309(b), the following information is confidential and may only be accessed by 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. Other persons or entities may examine this statement only if permitted by court order.

1. Information for each parent:

Name of Plaintiff: _____
Address: _____

Plaintiff's Social Security Number: _____

Date of Birth: _____

Place of Birth: _____

Plaintiff's Employer: _____

Employer's Address: _____

Name of Defendant: _____

Address: _____

Defendant's Social Security Number: _____

Date of Birth: _____

Place of Birth: _____

Defendant's Employer: _____

Employer's Address: _____

Be sure to include ALL the required information for you (the Petitioner) and for the child/ren. If you do not have all the information for the Defendant, include as much information as possible.

2. Information for each child for whom child support has been ordered in this case:

Child's Name: _____

Address: _____

Child's Social Security Number: _____

Date of Birth: _____

Place of Birth: _____

Child's Name: _____

Address: _____

Child's Social Security Number: _____

Date of Birth: _____

Place of Birth: _____

Child's Name: _____

Address: _____

Child's Social Security Number: _____

Date of Birth: _____

Place of Birth: _____

Child's Name: _____

Address: _____

Child's Social Security Number: _____

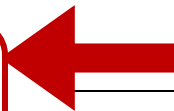
Date of Birth: _____

Place of Birth: _____

Add additional sheets of paper if needed to provide information for more children.

DATED this ____ day of _____, 20____.

**You (the Petitioner) will
sign here and fill in the
information below your
signature.**



Printed Name: _____

Address: _____

Phone Number: _____