

If a question does NOT apply to you be sure to write "N/A" in the space provided for the answer!

STATE OF WYOMING) IN THE DISTRICT COURT
) ss
COUNTY OF _____) _____ JUDICIAL DISTRICT

Plaintiff: _____,) Civil Action Case No. _____
(Print name of person filing))
vs.) CONFIDENTIAL
Defendant: _____)
(Spouse) (Print name)

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:

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.

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: _____

If a question does NOT apply to you be sure to write "N/A" in the space provided for the answer!

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: _____

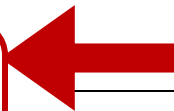
Date of Birth: _____

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: _____