

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. _____

Be sure to complete this top portion and to include the case number the court assigned to your divorce case.

PETITION TO MODIFY CUSTODY AND SUPPORT

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

Only check one box

1. Petitioner is the custodial parent; OR non-custodial parent

and is a resident of _____ County, State of _____.

Only check one box and fill in court information

2. A child support order was entered by this Court on _____; OR
(date)
 entered by the _____ Court, _____ County, State of _____.

Mark the FIRST box, and then one of the following 3 boxes. PLEASE READ HIGHLIGHTED PORTION!

3. This Court made the original child support determination and has exclusive, continuing jurisdiction to modify the order and the child(ren) OR the Petitioner OR Respondent reside in this state. (If this court did not enter the original order or if neither party or the child(ren) continues to reside in this state, seek the advice of an attorney.)

4. The most recent custody and child support decree or order concerned the following minor child(ren):

Child's initials: _____
Child's year of birth: _____
Present address: _____

Complete one of these for EACH child through page 3; be sure to only use the child's initials and include a separate sheet of paper if necessary.

Child's residence for the past 5 years:

Dates (From/To)	Address (city and state) where child lived	Name and current address of person(s) child lived with
____/____/____ ____/____ ____/____ ____/____ ____/____ ____/____ ____/____ ____/____ ____/____ ____/____		

Attach a separate sheet if necessary

Child's initials: _____

Child's year of birth: _____

Present address: _____

Child's residence for the past 5 years:

Dates (From/To)	Address (city and state) where child lived	Name and current address of person(s) child lived with
____/____/____ ____/____ ____/____ ____/____ ____/____ ____/____ ____/____ ____/____ ____/____ ____/____		

Attach a separate sheet if necessary

Child's initials: _____

Child's year of birth: _____

Present address: _____

Child's residence for the past 5 years:

Dates (From/To)	Address (city and state) where child lived	Name and current address of person(s) child lived with
_____/_____ _____/_____ _____/_____ _____/_____ _____/_____ _____/_____ _____/_____ _____/_____ _____/_____ _____/_____		

Attach a separate sheet if necessary

5. I have not participated as a party or a witness or in any other capacity in any other court case concerning the custody of the minor child(ren) and no other court proceedings concerning the minor child(ren) (including proceedings for enforcement, domestic violence protective orders, termination of parental rights or adoptions) are currently pending in the State of Wyoming or in any other state; OR

I have participated as a party or witness or in another capacity in another court proceeding concerning the custody, allocation of decision-making, or visitation/parenting time of the child(ren) listed in this *Petition for Modification* as follows: (Please be specific and include the case number, court, state and nature of case, date of child-custody determination, if any, and the initials of the child(ren) involved)_____

Check ONE of these; include any information requested if checking second box

6. I know of no person not a party to these proceedings who has physical custody of the minor child(ren) or who claims to have custody or visitation rights with respect to the minor child(ren); OR

The following people are not parties in this matter, but have physical custody of the child(ren) or claim rights of parental responsibilities, legal custody or physical

Check ONE of these; include any information requested if checking second box

custody, or visitation/parenting time with the child(ren): _____

(List Names and Addresses)

7. The Order or Decree establishing custody and support

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

was last modified with respect to the child support and/or medical insurance obligations by order of this Court on _____; **OR**
(date)

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

Only mark ONE box, and fill in information where indicated

8. Attached is a certified copy of the custody order to be modified as required by Wyo. Stat. §20-2-203(c). According to the terms of the most recent court order, custody and visitation was ordered as follows: _____

Include a copy of the last custody order, and give requested information

9. According to the terms of the most recent court order:

Only mark ONE box

Child support was not ordered; **OR**
 Child support was ordered as follows:

Only mark these boxes if you marked the 2nd box above!

The non-custodial parent is required to pay \$ _____ per month.

The non-custodial parent is:

In arrears (owes back child support).

The amount of back child support owed is \$ _____ through the date of the filing of this Petition.

Attach a copy of the payment record obtained from the Clerk of District Court or the Child Support Enforcement Office.

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; **OR**

Only mark these boxes if the non-custodial parent is behind in child support payments! If they are not behind, mark the box at the top of the next page.

Current and does not owe back child support; **AND**

Only mark the boxes in ONE of these 3 paragraphs regarding who carries medical insurance and who pays for medical expenses NOT covered by insurance!

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

← 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; **OR**

← Neither party has been ordered to provide medical insurance. Petitioner is requesting this Court order Petitioner **OR** Respondent 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.

10. Since the date of the last order, a material change in circumstances has occurred which warrants modifying the child custody and/or child support obligations. The change in circumstances is: [Please describe] _____

11. That because of the material change in circumstances, it is in the best interests of the child(ren) to have the following custody/visitation arrangements:

WHEREFORE, Petitioner respectfully requests:

This is where you're telling the court what you would like it to do.

1. That the Court award:

- The parties joint legal custody and Mother or Father to have physical custody; **OR**
- The parties joint legal and joint physical custody; **OR**
- Mother or Father to have sole legal and physical custody; **OR**
- Other (Please describe desired legal and physical custody arrangement in detail) _____

Only mark ONE of these boxes; Legal custody = Who can make decisions about the child's schooling, religious upbringing and medical care, etc. Physical Custody = Who the child lives with.

- 2. That the Court order the Respondent to pay child support in an amount determined by the Wyoming Child Support Guidelines;
- 3. If applicable, the Court review and modify the medical insurance obligation and the allocation of costs not covered by medical insurance;
- 4. If applicable, the Court enter a judgment for child support arrears and for unpaid medical expenses not covered by medical insurance;
- 5. Other: _____
- 6. For such other and further relief as the Court deems necessary and just.

DATED this _____ day of _____, 20__.

****DO NOT SIGN until you are in front of a Notary Public** DO print your name and other information**



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.

Notarial Officer

My commission expires:


The Notary will complete this portion.

-----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:

**If an attorney helps you
fill out this form, discuss
this section with him/her.**