

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 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 and Support Modification (NOTE: If this box is checked, also submit the *Order Setting Modification Trial and Requiring Pretrial Statements.*)
2. The parties have both signed the *Order Modifying Custody and Support*; **OR**
 A hearing is needed to address:
 Motion for _____
 Other: _____ (for example, if your Court requires a hearing before entering a default order modifying custody and support, you would list a request for a default hearing here).

(NOTE: If a box is checked in paragraph 2, also submit the *Order Setting Hearing*).

3. Any party requesting the reporting of a particular matter by the official court reporter shall make a request by phone to the appropriate official court reporter at least **three (3) working days** before the matter is set for hearing. The clerk will be able to inform you which court reporter to contact. The three-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. If a hearing is not recorded by an official court reporter, a transcript of the hearing will not be available. It is very difficult to appeal the Judge's decision if you do not have a transcript of everything that is said at the trial.

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:

(Insert Other Party's/Other Party's Attorney's Name and Address)

TO: _____

Your signature

Print name