

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

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. Information for each parent:

Name of Petitioner: _____
Address: _____

Petitioner's Social Security Number: _____
Date of Birth: _____
Place of Birth: _____
Petitioner's Employer: _____
Employer's Address: _____

Name of Respondent: _____
Address: _____

Respondent's Social Security Number: _____
Date of Birth: _____
Place of Birth: _____
Respondent's Employer: _____
Employer's Address: _____

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____.

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:

(Print Respondent/Respondent's Attorney's Name and Address)

TO: _____

Your signature

Print name