STATE OF WYOMING)	IN THE DISTRICT COURT			
COUNTY OF) ss)	JUDICIAL DISTRIC			
Petit	tioner:(Print name of person filin		Civil Action Case	No		
vs.)				
Resp	pondent:(Print name of other party)	.)				
			ON OF CHILD SUP OR ARREARS	PORT		
	Petitioner respectfully roort, and, if applicable, enter petition, the petitioner states	a judgment for				
1.	Petitioner is the [Check the appropriate box]					
	custodial parent;	or				
	non-custodial pare	ent				
	and is a resident of	Co	ounty, State of	<u>.</u>		
2.	[Check the appropriate	box]				
	A child support or	rder was entere	d on	[date] by this		
	Court; OR					
	A child support or	rder was entere	d on	[date] by the		
	Court,	Co	ounty, State of			
3.	The Order provided for support of the following minor child(ren):					
	CHILD'S	INITIALS	YEAR	OF BIRTH		
	Additional sheets of	paper are attac	hed if needed			

[Check the appropriate box]				
The Order has not been modified or changed in this state or any other state with respect to the child support and medical insurance obligations; OR				
The Order was last modified with respect to the child support and/or medical insurance obligations by order of this Court on [date]; OR				
The Order was last modified with respect to the child support and/or medical insurance obligations by Order of the Court, County, State of , on				
According to the terms of the most recent court order: [Check the appropriate boxes for each section]				
A. The non-custodial parent is required to pay \$ per month in child support for the parties' minor child(ren) named in paragraph 3. The non-custodial parent is [Check one box]				
in arrears (owes back child support). (A copy of the record of child support payments certified as a true copy of the original by the custodian of the record [Clerk of District Court or Child Support Enforcement] may be attached and/or forwarded to the court. The copy is evidence of facts asserted in it, and is admissible to show whether payments were made. Wyo. Stat. §20-4-166(c)). If applicable, the amount of arrears is \$ through the date of the filing of this Petition. 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				
current (no back child support is owed) for the child support obligation.				
B. The custodial non-custodial parent is required to provide medical insurance for the child(ren). This insurance has has not been provided as ordered.				
C. The non-custodial parent was 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				

	amoun action.	at and any additional amounts that are owed prior to entry of an order in this
	medica divide	Neither party has been ordered to provide medical insurance. ner is requesting this Court order Petitioner or Respondent to provide all insurance and that all medical expenses not covered by insurance bed in the following manner:% to be paid by Mother and% baid by Father.
o. he ap		n for seeking modification or adjustment of child support order. [Check ate box]
		The child support order has not been entered or modified within the six (6) months prior to the filing of this Petition. Applying the child support guidelines established in Wyo. Stat. § 20-2-304, the child support amount will change by twenty percent (20%) or more per month from the amount of child support required by the existing order; OR
		Since the date of the last order, there has been a substantial change of circumstances which warrants modifying the child support and/or medical insurance obligations. The change in circumstances is:
		There are fewer children owed support because one of the children is emancipated or has reached the age of majority. ("Age of majority" means a person eighteen (18) years of age, however, for purposes of child support obligations, a parent's legal obligation for the support of his or her children, whether natural or adopted, continues past the age of majority in cases where the children are: (i) mentally or physically disabled and thereby incapable of self support; or (ii) between the age of majority and twenty (20) years and attending high school or an equivalent program as full-time participants.)
		The "net" income of one or both of the parents is believed to have substantially changed. ("Net income" means income less personal income taxes, social security deductions, cost of dependent health care coverage for all dependent children, actual payments being made under preexisting support orders for current support of other children, other court-ordered support obligations currently being paid and mandatory pension deductions. Payments towards child support arrearage shall not be deducted to arrive at net income.)
		The financial needs of the child(ren) have increased by reason of age and the cost of living changes.
		The obligations and rights of the parties and the child(ren) to provide or receive health care require review and modification.

	Other: [Plea	ase describe]			
			; OR		
	and, if appropriace wit	east three (3) years since a court review iate, petitioner would like the court to the child support guidelines. (The hange of circumstances if it has been ous order.)	o adjust the order in ere is no need for a		
Wl	HEREFORE, Petitio	ner respectfully requests:			
1.	The parties be ordered to complete and file <i>Confidential Financial Affidavits</i> as provided by Wyo. Stat. § 20-2-308;				
2.	The Court review and modify the child support order to an amount consistent with the Wyoming Child Support Guidelines;				
3.	The Court review and modify the medical insurance obligation and the allocation of costs not covered by medical insurance, if requested;				
4.		Court enter a judgment for child suppenses not covered by medical insurance	=		
5.	Other:				
6.	For such other and	further relief as the Court deems neces	sary and just.		
DATE	D this	day of			
		Signature			
		Printed Name:Address:			
		radioss.			
		Phone Number:			

STATE OF	_)			
COUNTY OF) ss.)			
Subscribed and swo				, this
Witness my hand and offici	al seal.			
		Notarial Office	er	
My commission expires:				
Pursuant to Rule 102(a)(1				
following attorney has parti	icipated in the	preparation of thi		
NOT deemed to have entered	an appearan	ce in this matter:		
Attorney's Name				
Attorney's Address/Telepho	one:			
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