

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. \_\_\_\_\_

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### REQUEST FOR SETTING

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The  Petitioner or  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 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 Child Support and Judgment for Arrears*; **OR**  
 A hearing is needed to address:  
 Motion for \_\_\_\_\_  
 Other: \_\_\_\_\_ (for example, if your Court requires a hearing before entering a default order modifying child 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