STATE OF WYOMING ) IN THE DISTRICT COURT

 ) ss

COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ JUDICIAL DISTRICT

Petitioner: , ) Case Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name of person filing )

 )

vs. )

 )

Respondent:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. )

 Name of other party )

**PETITION FOR MODIFICATION OF CUSTODY AND CHILD SUPPORT**

I am the Petitioner.

I am asking the Court to modify (change) an existing Custody and Child Support Order and, if needed, issue a judgment for any unpaid child support (arrears). In support of this request, I state the following:

1. I am the:

 [ ]  custodial parent.

 [ ]  non-custodial parent.

1. I am a resident of County in the State of .
2. The original (first) Custody and Child Support Order was made by the Court in County in the State of .
3. [ ]  The original Custody and Child Support Order was never modified (changed).

**OR**

[ ]  The original Custody and Child Support Order has been modified (changed). The most recent modification was by the Court in County in the State of .

1. I believe this Court is allowed to modify this Order because: (Select all that apply)

 [ ]  The children live in Wyoming.

 [ ]  I live in Wyoming.

 [ ]  The Respondent lives in Wyoming.

 [ ]  The Custody and Child Support Order from a different state has been registered in Wyoming.

Important Note: If none of the above are true, you might not be able to ask a Wyoming court to modify your Custody and Child Support Order. You might choose to get legal advice to learn about your options.

**Information About Children**

The most recent Child Support Order is about the following minor children:

Child’s initials (Do not write full name):

 (For example, John Bob Doe would be J.B.D.)

Child’s year of birth: 20 \_\_\_\_\_

**Child’s residence for the past 5 years:**

|  |  |  |
| --- | --- | --- |
| Date | City and Statewhere the child lived | List the name and current address of each person who lived with the child in that location. |
| From | To |
|  | now |  |  |
|  |  |  |  |
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|  |  |  |  |

 [ ]  I have attached additional pages.

Child’s initials (Do not write full name):

 (For example, John Bob Doe would be J.B.D.)

Child’s year of birth: 20 \_\_\_\_\_

**Child’s residence for the past 5 years:**

|  |  |  |
| --- | --- | --- |
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|  | now |  |  |
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 [ ]  I have attached additional pages.

1. Other Court Cases: (Select One)

[ ]  I have NOT been involved in any other court case related to the custody, visitation support, or decision-making of the children listed in the Petition, and I don’t know about any other such cases related to these children in Wyoming or in any other state.

[ ]  I have been involved in other court cases concerning custody, visitation, support, or decision-making regarding the children listed in this Petition. (Complete the table below with all the information you have. If you are unsure leave the box blank. You can use the Comments section to add anything you would like the court to know about the case.)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Case Number** | **Court** | **State** | **Nature of Case (unless confidential)** | **Date of Child-Custody Determination** | **Initials of Child** | **Comments** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

☐ I have attached additional pages.

1. Physical Custody of Minor Children: (Select One)

 [ ]  I am not aware of any person who is not involved in this case who has physical custody of the minor children or claims to have custody or visitation rights regarding the minor children (for example, juvenile court, guardian).

[ ]  There are people who are not part of this case who have physical custody of the children or claim parental responsibilities, legal custody, physical custody, or visitation/parenting time with the children. Please provide the information of those individuals in the table below.

|  |  |  |
| --- | --- | --- |
| **Name** | **Address** | **Relationship to Child** |
|  |  |  |
|  |  |  |
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|  |  |  |

☐ I have attached additional pages.

**Information About the Current Court Order**

1. The date on the current Order (either the original Order or the most recent modification) is:

 (The date will probably be somewhere near the top of the first page of the Order.)

1. [ ]  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:
2. This is what the current Order says about child support:

[ ]  Nothing because child support was not Ordered.

[ ]  The non-custodial parent is required to pay $ per month as child support. The next payment is due on , 20 .

[ ]  The non-custodial parent is required to pay $ per month in arrears (child support payments that were not made on time). The next payment is due on , 20 .

1. On the day I’m filing this Petition:

[ ]  The non-custodial parent does not owe any unpaid child support because the parent is current on payments or was not Ordered to make payments.

**OR**

[ ]  The non-custodial parent is in arrears (owes unpaid child support). The total amount that was already due but has not been paid is $ . I would like the Court to enter a judgment against the non-custodial parent for this amount plus any additional amounts that may accrue (add up) before an Order is entered in this action.

[ ]  I have attached to this Petition a copy of the payment record from the Clerk of District Court or the Child Support Program.

1. This is what the current Order says about medical insurance:

 [ ]  The custodial parent is required to provide medical insurance for the children.

[ ]  The non-custodial parent is required to provide medical insurance for the children.

[ ]  Neither party is required to provide medical insurance for the children.

1. [ ]  One of the parents is required to provide medical insurance, and

 [ ]  that parent does provide medical insurance as Ordered.

[ ]  that parent does not provide medical insurance as Ordered.

1. This is what the current Order says about uncovered (out-of-pocket) medical expenses:

☐ The custodial parent is required to pay % of uncovered medical expenses and the non-custodial parent is required to pay %.

☐ The current Order doesn’t say anything about uncovered medical expenses.

1. [ ]  All uncovered medical expenses have been paid in the way the current Order requires.

**OR**

[ ]  The custodial parent owes $ in uncovered medical expenses. I would like the Court to enter a judgment against the custodial parent for this amount plus any additional amounts that may accrue (add up) before an Order is entered in this action.

[ ]  I have attached bills and receipts that explain these uncovered medical expenses.

[ ]  The non-custodial parent owes $ in uncovered medical expenses. I would like the Court to enter a judgment against the non-custodial parent for this amount plus any additional amounts that may accrue (add up) before an Order is entered in this action.

[ ]  I have attached bills and receipts that explain these uncovered medical expenses.

1. [ ]  Neither party has been Ordered to provide medical insurance. I am asking the Court to Order that medical insurance be provided by:

[ ]  me.

[ ]  the Respondent.

1. [ ]  The current Order doesn’t say anything about uncovered medical expenses. I am asking the Court to Order that all expenses not covered by insurance be divided in the following manner:

 % to be paid by me.

 % to be paid by the Respondent.

**Reason For Modification Request**

1. Since the current Order was issued, there has been a substantial change in circumstances that justifies modifying at least one of the custody and child support and medical support and insurance obligations. The following circumstances have changed since the current Ordered was issued. (Please describe)
2. Because of this substantial change in circumstances, it is in the best interest of the children to have the following custody/visitation arrangements:

**WHEREFORE**, the Petitioner respectfully requests:

1. The parties be Ordered to complete and file Confidential Financial Affidavits as required by Wyoming Statute 20-2-308.
2. **Award Physical custody as follows**: (Select One)

 [ ] Petitioner will have primary physical custody subject to reasonable visitation by Respondent.

 [ ]  Respondent will have primary physical custody subject to reasonable visitation by Petitioner.

 [ ]  The parties will share physical custody (for example, 50/50 or some other arrangement).

[ ]  Petitioner will have sole physical custody.

[ ]  Respondent will have sole physical custody.

1. **Award Legal custody as follows:** (Select One)

[ ]  The parties will have joint legal custody. (This means there will be shared responsibility for making major decisions about the children’s welfare, education, discipline, non-emergency healthcare, and religious training.)

If there is a disagreement, then;

 [ ]  Petitioner has final decision-making authority.

 [ ]  Respondenthas final decision-making authority.

[ ]  Petitioner will have sole legal custody.

[ ]  Respondent will have sole legal custody.

1. [ ]  Other: (Please describe desired legal and physical custody arrangement in detail) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. The Court review the Custody and Child Support Order and modify it to an amount consistent with 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 (unpaid child support) and for unpaid medical expenses not covered by medical insurance.
5. Other:
6. Order such other and further relief as the Court deems necessary, just, and equitable.

I, the Petitioner, being duly sworn under penalty of perjury, state that I have read the above information, and I believe it is true and correct.

**DATED** , 20 .

 Petitioner’s Signature

Printed Name:

Phone Number:

Home Address (Physical):

Mailing Address:

Email Address:

 [ ]  A Wyoming Court Navigator helped with this form.

STATE OF WYOMING )

 ) ss

COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_)

SUBSCRIBED AND SWORN to before me this day of , 20 .

Witness my hand and official seal.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 CLERK OF COURT/NOTARIAL OFFICER

My commission expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

--------------------------------------------------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/Email Address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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