STATE OF WYOMING ) IN THE DISTRICT COURT

 ) ss

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

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

 Person listed as Petitioner on the Petition )

 )

vs. )

 )

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

 Person listed as Respondent on the Petition )

**ORDER MODIFYING CHILD SUPPORT**

**AND JUDGMENT FOR ARREARS (IF ANY)**

**NOTE: The judge will not sign your order unless all relevant boxes are checked and all relevant information is included.**

1. This matter came before the Court by (select only one):

[ ]  Default. (Entry of Default has been issued.)

[ ]  Agreement of the parties. (If the parties are in agreement, both parties must sign this Order. It is also recommended that both parties write their initials at the bottom of each page.)

[ ]  Trial.

1. A child support order was:

 [ ]  Entered by this Court on this date: .

 [ ]  Entered by the Court, County, in the State of .

1. The Order provided for support of the following minor child(ren):

Child’s Initials: Year of Birth:

Child’s Initials: Year of Birth:

Child’s Initials: Year of Birth:

Child’s Initials: Year of Birth:

☐ Additional sheets of paper are attached if needed

1. This Court issued the original child support order and has the authority to modify it because: (Select all that apply)

 [ ]  The children still live in this state.

 [ ]  The Petitioner still lives in this state.

 [ ]  The Respondent still lives in this state.

 [ ]  None of the above apply (You may need to seek legal advice).

1. Service on Respondent was completed.(Select one):

[ ]  The Respondent was served by personal service (for example, by the sheriff) on , 20 .

[ ]  The Respondent accepted service, and an Acknowledgement and Acceptance of Servicehas been filed.

[ ]  The Respondent was served by publication, and a copy of the Affidavit of Publication has been filed.

[ ]  The Respondent was served by Registered Mail or Certified Mail, as issued by the Clerk of District Court pursuant to Rule 4(r)(2), W.R.C.P. The return receipt was filed, and the Clerk entered a certificate of service.

1. Response by Respondent: (Select only one)

[ ]  The Respondent filed a Response.

[ ]  The Respondent filed a Response and Counterclaim.

[ ]  The Respondent did not file a response but both parties have signed and agreed to the entry of this Order.

[ ]  The Respondent did not file a response and default was entered.

1. **CHILD SUPPORT:**

In accordance with W.S. § 20-2-304, presumptive child support is calculated as follows:

1. Number of children: \_\_\_\_\_\_\_\_
2. Petitioner’s net monthly income is: $\_\_\_\_\_\_\_

[ ]  Actual (Petitioner submitted a Confidential Financial Affidavit)

**OR**

[ ]  Imputed the Petitioner did not submit a Confidential Financial Affidavit; therefore, income is imputed, and an Affidavit of Imputed Income has been filed with the Court.

1. Respondent’s net monthly income is: $\_\_\_\_\_\_\_

[ ]  Actual (Respondent submitted a Confidential Financial Affidavit)

**OR**

[ ]  Imputed the Respondent did not submit a Confidential Financial Affidavit; therefore, income is imputed, and an Affidavit of Imputed Income has been filed with the Court.

1. Total child support obligation of both parents is: $\_\_\_\_\_\_\_
2. Petitioner’s presumptive child support obligation is: $\_\_\_\_\_\_\_
3. Respondent’s presumptive child support obligation is: $\_\_\_\_\_\_\_
4. **Restriction on reducing amount of child support:** No agreement which is less than the presumed child support amount in the law shall be approved if public support/benefits (such as aid under the personal opportunities with employment responsibilities (Personal Opportunities With Employment Responsibilities (POWER) program, Title 19, Kid Care, food stamps, supplemental security income (SSI) or other similar benefits) are being paid on behalf of any of the children.

(Select One Option)

 [ ]  The children receive public assistance.

 [ ]  The children DO NOT receive any public assistance.

1. **Amount of Child Support**:

[ ]  Petitioner

[ ]  Respondent

Shall pay $\_\_\_\_\_\_\_\_\_ per month for child support. The amount of child support is based upon:

(Select One Option)

1. [ ]  The presumptive amount of child support determined by Wyoming’s Child Support Guidelines
2. [ ]  There is a deviation (an adjustment) [ ]  upwards or [ ]  downwards from the presumptive amount. (In order to deviate, there must be a specific finding that the application of the presumptive child support would be unjust or inappropriate, and that the deviation is in the best interest of the children). The reasons that the presumptive amount is unjust is because (list the specific reasons):

1. **Time of Payments**: Child support payments shall begin:

**(Select One Option)**

 [ ]  On THE FIRST DAY OF THE MONTH beginning the month of

 , 20 and shall continue to be paid on the first day of the month thereafter, until further order of the Court;

[ ]  Beginning on the \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_\_and continuing as follows:

1. **CONTINUATION OF CHILD SUPPORT:** Child support shall continue during the minor child’s minority, and beyond if the child has a mental, emotional or physical impairment preventing emancipation, or while the child is attending high school or an equivalent program as a full-time student between the ages of 18 and 20. Child support shall terminate if, during the child’s minority, the child marries, is legally emancipated, or dies.

**PLACE:**

All payments required under this Order, shall be made to one of the two following addresses:

|  |  |  |
| --- | --- | --- |
| Clerk of the District Court, whose address is(see *District Court Clerks Addresses* in this packet):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **OR** | State Disbursement Unit2300 Capitol Ave.Hathaway Bldg., 5th Floor, Suite ACheyenne, WY 82002 |

CASH ACCEPTED IN PERSON ONLY. CASHIER’S CHECKS AND MONEY ORDERS ACCEPTED. CHECK WITH YOUR LOCAL DISTRICT COURT CLERKS OFFICE REGARDING PAYING BY PERSONAL CHECK.

**WARNING**: Child support payments made directly to the other parent, instead of through the Clerk of District Court or the State Disbursement Unit, may be considered a gift and not credited as child support.

The Clerk or SDU shall promptly forward the support payments to the receiving parent at the address provided by that parent. **Each party shall pay, when due, all fees charged to that party by the Clerk of District Court, State Disbursement Unit, and any other agency statutorily authorized to charge a fee.**

**MODIFICATION:** Either party may seek a modification of the child support ordered herein pursuant to W.S. §20-2-311.

**MODIFICATION OF CHILD SUPPORT IS NOT EFFECTIVE UNLESS IT IS APPROVED BY A WRITTEN ORDER SIGNED BY THE JUDGE.**

**ENFORCEMENT:**  Wyoming law states that any payment of child support not paid when due shall automatically become a judgment against the parent who is supposed to pay on the due date. This judgment is subject to a 10% late payment penalty if it is not paid within 32 days.

1. **MEDICAL INSURANCE**:
	1. Health care insurance coverage for the minor children shall be provided if insurance can be obtained at a reasonable cost, as defined by law, and the benefits under the insurance policy are accessible to the children by the:

**(Select One Option)**

[ ]  Petitioner

[ ]  Respondent

[ ]  Both parents

* 1. Proof. The insuring parent shall provide to the Court and the other parent written proof that the insurance has been obtained within 60 days of entry of this Order. Proof of insurance coverage shall contain, at a minimum:
		+ 1. The name of the insurer.
			2. The policy number.
			3. The address to which all claims should be mailed.
			4. A description of any restrictions on usage, such as pre-approval for hospital admission, and the manner in which to obtain pre-approval.
			5. A description of all deductibles.
			6. Two copies of claim forms.
	2. Changes. The insuring parent shall provide written notice to the Clerk of this Court and the other parent if insurance coverage for the child is denied, revoked, or altered in any way that would affect the child's coverage, including any change relating to the information required above.
	3. Failure to Provide Insurance.The Court may hold a parent in contempt for refusing to provide the ordered insurance or for failing or refusing to provide the information required above. In addition, if either parent fails to provide insurance or proof of insurance as required by this agreement, the other parent may provide such insurance and the parent who was supposed to shall be responsible to pay to the other parent the cost of such insurance plus the costs that parent had to pay for collection, including reasonable attorney’s fees.
	4. Costs Not Paid for By Insurance. All deductibles, co-payments and other expenses for health care that are not paid for by health insurance shall be paid by the parents as follows:

**(Select One Option)**

[ ]  50% each by Petitioner and Respondent.

[ ]  % by Petitioner and % by Respondent.

* + - * 1. If the insuring parent fails to pay the insurance premium, all health care expenses of the children not covered by insurance shall be the responsibility of that party.
				2. If the insuring parent fails to maintain insurance as required, that party may be found in Contempt of Court and may be required to pay or reimburse the expenses and costs set forth in W.S. §20-2-401(e).
1. **CHANGES IN ADDRESS AND EMPLOYMENT:**

Each parent shall inform the other parent and the clerk of court in writing of any change of address, phone number, and employment:

* 1. **CHANGE OF EMPLOYMENT STATUS:** So long as there is a child support obligation, each parent shall notify the other parent and the Clerk of this Court, in writing, on forms available from the Court, within **fifteen (15) days** of any change in employment, including second jobs, changed employers, starting or ending unemployment compensation, and starting or ending of worker’s compensation, or any other change in income.
	2. **CHANGE OF ADDRESS:** So long as there is a child support obligation, if either parent plans to change his or her address, that parent must notify the other parent and the Clerk of this Court, in writing, on forms available from the Clerk of this Court, **no later than fifteen (15) days** **prior** to the day of the move, the destination of the move and the proposed move date.
	3. **CHANGE OF HOME CITY OR STATE OF RESIDENCE:** Either parent who plans to change their home city or state of residence, must give written notice **thirty (30) days prior to the move**, both to the other parent and to the clerk of district court stating the date and destination of the move.
1. **INCOME WITHHOLDING ORDER**:

An income withholding order shall be entered and shall become effective as follows:

**(Select One Option)**

[ ]  Effective immediately (**Recommended**);

[ ]  Effective upon the date the Obligor (person who has to pay) requests withholding commence; or the date the Obligor is at least one (1) month behind in child support payments. List the reasons why good cause exists to delay the effective date for withholding income:

[ ]  OTHER (e.g. Military allotment)

1. **PREVIOUS SUPPORT ORDER:**

 [ ]  Petitioner

 [ ]  Respondent

 was ordered to pay $ per month for the support of the minor children according to the terms of the most recent court order.

1. **JUDGMENT OF ARREARS:** (Select 1option)

[ ]  **Option 1:**

 ☐ Petitioner

☐ Respondent

is in arrears in the support obligation in the amount of $ from **[Date of previous support order]** through **[Last day of the month before this Order is filed]** for which judgment shall be entered;

[ ]  **Option 2:**

☐ Petitioner

☐ Respondent

owes unpaid medical expenses in the amount of $ from [**Date of the order establishing medical support]** through **[Last day of the month before this Order is filed]**, for which judgment shall be entered;

[ ] **Option 3:**

☐ Petitioner

☐ Respondent

is current in his/her support obligation.

**IT IS HEREBY ORDERED THAT:**

1. Judgment for past due support, including medical support if applicable, is hereby entered against [ ]  Petitioner OR [ ]  Respondent in the amount of $ through **[Date]**. Beginning **[Date].**

**AND**

[ ]  Petitioner

[ ]  Respondent

Shall pay $ per month in addition to current support towards the judgment of $ **[total amount of judgment listed in paragraph 12.]** until the judgment is paid and satisfied in full;

**OR**

[ ]  Petitioner

[ ]  Respondent

Is current in his/her support obligation and a judgment for past due support or medical support is not needed.

1. Any provision in the previous order not otherwise modified herein shall remain in full force and effect.
2. **ENFORCEMENT OF ORDER:**

Either party or, when appropriate, the department of family services has the right to petition to enforce an order pursuant to W.S. §20‑2‑201 through 20‑2‑204, 20‑2‑310 and 20‑2‑311(d).

**Contempt - Pursuant to W.S. §20-2-204 and 20-2-310, a court having jurisdiction to enforce or revise the Order may, upon appropriate motion of either parent, require a parent to appear before the court and show just cause why the parent should not be held in contempt, upon a showing that the parent has willfully violated the Order as to the care, custody, visitation and maintenance of the children. The court may, in addition to any assessment it may impose upon a finding that the parent is in contempt of court, award attorney's fees, costs, and such other and further relief as the court may deem necessary under the circumstances, to the parent aggrieved by the violation of the Order, in order to enforce and require future compliance with the Order.**

1. **LIMITED REPRESENTATION**:

Following Rule 1.2(c) of the Wyoming Rules of Professional Conduct, any attorney who has entered a limited appearance for the purpose of obtaining this Order is now discharged.

**DATED** this day of , 20 .

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

District Court Judge

**[Intentionally Left Blank]**

**CHECK ONLY ONE BOX, AND SIGN WHERE INDICATED IN THAT SECTION ONLY:**

 [ ]  **If the parties have agreed (both parties sign and have signatures notarized):**

I certify that I have read the foregoing Order Modifying Child Support and that I understand and agree to the terms and agree to the entry of this Order.

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

**Petitioner’s signature**

STATE OF WYOMING )

 ) ss

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

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

Witness my hand and official seal.

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

 NOTARIAL OFFICER/CLERK

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

I certify that I have read the foregoing Order Modifying Child Support and that I understand and agree to the terms and agree to the entry of this Order.

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

**Respondent’s signature**

STATE OF WYOMING )

 ) ss

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

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

Witness my hand and official seal.

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

 NOTARIAL OFFICER/CLERK

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

 [ ]  **If default has been entered and the Respondent did not respond:**

 The above is true and accurate and I want the court to approve:

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

Petitioner’s signature

 [ ]  **If a court hearing was held**:

APPROVED AS TO FORM: (This means you think everything above looks accurate.)

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

 Petitioner’s signature Respondent’s signature

Copies to:

Plaintiff/Petitioner’s or Attorney’s Name and Address:

Defendant/Respondent’s or Attorney’s Name and Address: